Journal of THE COLLEGE OF INDIGENOUS MEDICINE

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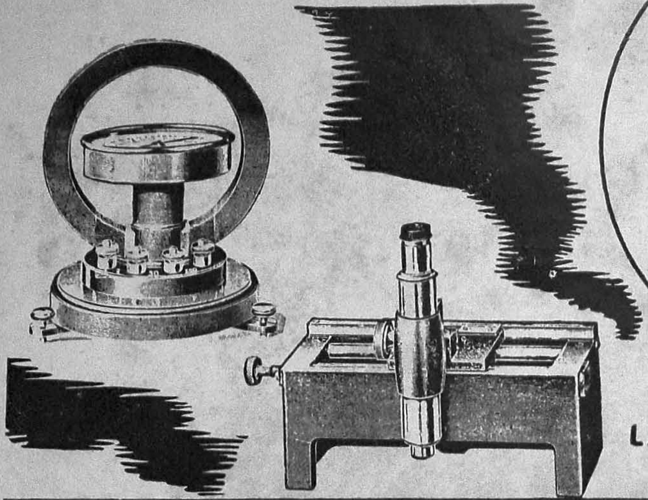

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JOURNAL

OF THE

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SILVER JUBILEE COMMEMORATION NUMBER

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★

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ONWARD MARCH

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JOURNAL
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THE COLLEGE OF INDIGENOUS MEDICINE

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Twenty Five Years After

THE college of Indigenous Medicine Madras, has attained the age of Twenty five on 20th January 1950. That day of Silver Jubilee was celebrated with great eclat and enthusiasm. Strictly speaking, the college is only three years old, as the institution was a *school* till twenty two years of its existence. Again, even the term *Indigenous* has been applied to it quite recently-about three months ago-instead of the old name *Indian*, just to distinguish it from the Western or Allopathic system of Medicine which is also claimed as Indian since it has now become prevalent in our country. The funny thing about the change in this nomenclature is that the name 'Indian' has been dropped out altogether and the term Modern is given to the Western or Allopathic system. One cannot find any principle or procedure in these alterations. What is the relation between Time and Truth? What is modern at this moment is sure to become ancient very soon. Perhaps the term will then be applied to the then, prevailing system of Medicine just like the Daily paper of every city. Further, Unani system which comes under Indigenous Medicine, is absolutely foreign to our land. It has been brought to this place from Greece by the Arabian Physicians when they came with the Muslim invaders of India, just as the allopathic Doctors laid the foundation for Modern Medicine in the Mogul Court. Will not Modern system also become Indigenous since the Britishers have quit India and self-Government has been established?

This kind of discussion is put here only to expose the absurdity of mixing up science with politics and history. It should be clearly understood that truth has no time, place or person. Truth about a particular subject is one and it is ignorance that makes it many. Different answers to the same question cannot all be correct, though they may all be wrong or only one correct. Methods

of arriving at the conclusion may be innumerable. Results must be identical.

It is this axiom that made the founders of the School of Indian Medicine at Madras, adopt the term 'Indian' to get over the sectarian feeling of the followers of the different systems of Medicine that are now being practised in our country, and that makes them consider their views alone as correct and all the rest quackery. Indian Medicine is intended to comprise all that are truthful and useful in these systems and make them a single unit.

India is fortunate in having a continuous record of truth from time immemorial, as the lamp of Wisdom-Knowledge-Truth-Beauty and Goodness, is burning here steadily, while in other parts of the world, there were only 'fire-works' and sudden darkness. Egypt—Greece—Rome—Arabia-and the present-day-Germany are concrete examples for such civilisations. On the other hand, in this land, even now we have saintly persons, intellectual giants, nobel laureates, political veterans, merchant princes and master artisans in every field of up-to-date knowledge-pure or applied-theoretical or technical.

Therefore it is our duty to expound the science of Medicine in its entirety-correlating or integrating all the data discovered up-to-date from the beginings of time, according to the principles of logic and truth. Then one will find no difference between any systems of medicine-Ancient or Modern-Western or Indian-Indigenous or Foreign. In this connection it is well to remember the following statements.

Correct observations either by unaided senses or by instrumental means will always be the same. As for classification, interpretation and utilisation of these data, varying schools of thought are bound to occur so long as human beings have a subjective mind and an objective universe, whose nature, origin and destination are not fully understood and proved. Thus a knowledge of Anatomy, Physiology, Pathology, Clinical features, Pharmacology, Therapeutics and Prognosis cannot be different for different persons. However they can be classified, interpreted and utilised in different ways. Same illness has varying methods of treatment. Let us take the common food stuffs. Ayurveda divides them according to their action on the mental aspects of a living being viz. Satvam-Rajas and Tamas. Thus bland nutrients as Cow's milk is satvic, stimulants like coffee is rajasic, intoxicants as alcohols are tamasic. In Modern Medicine the effects of foods on the physical aspects of the body as growth, repair, energy, metabolism, etc. are taken into consideration, when they are classified into the various proximate principles as Proteins-Carbohydrates-Fats-Mineral Salts-Vitamins and Water. Similarly for illness as Peptic ulcer, treatment may be psychical, medical or surgical. Even in surgery, some surgeons advocate Gastrectomy while others are satisfied with mere Gastro-jejunostomy.

Let therefore all scientifically-minded Medical men have a broader out look than at present and seek a synthesis of knowledge and reason in the fields of Medicine-Indigenous or Modern, keeping in mind some of the wise aphorisms of Hippocrates-the Father of Modern Medicine—stated thousands of years ago and given below.

1. There is no authority except facts.

2. Facts are obtained by accurate observations.
3. Deductions are to be made only from facts.
4. Life is short and art is long; the occasion fleeting, experience fallacious, and judgment difficult.
5. To know is one thing, but merely to believe is another; To know is knowledge but merely to believe one knows is ignorance.
6. The argument that he was sick, he was treated, he is now well and therefore the treatment cured him is a great fallacy.
7. The path of intellectual honesty is very difficult. Only the highest type of men have the intelligence, the independence, the honesty, and the courage to admit their errors and to seek without bias after the truth.

College of Indian Medicine

Silver Jubilee Celebration

On Friday the 20th January 1950. the Silver Jubilee Celebration of the College of Indian Medicine Madras, was celebrated at 9 a.m. in the premises of the institution. A large gathering of doctors, including practitioners of allopathic medicine attended the function. Dr. T. S. S. Rajan Minister for Public Health presided and paid glowing tributes to the work done by the College during the past twenty-five years (1925—1950).

The following account of the event is given as published in the Hindu, Saturday, January 21, 1950.

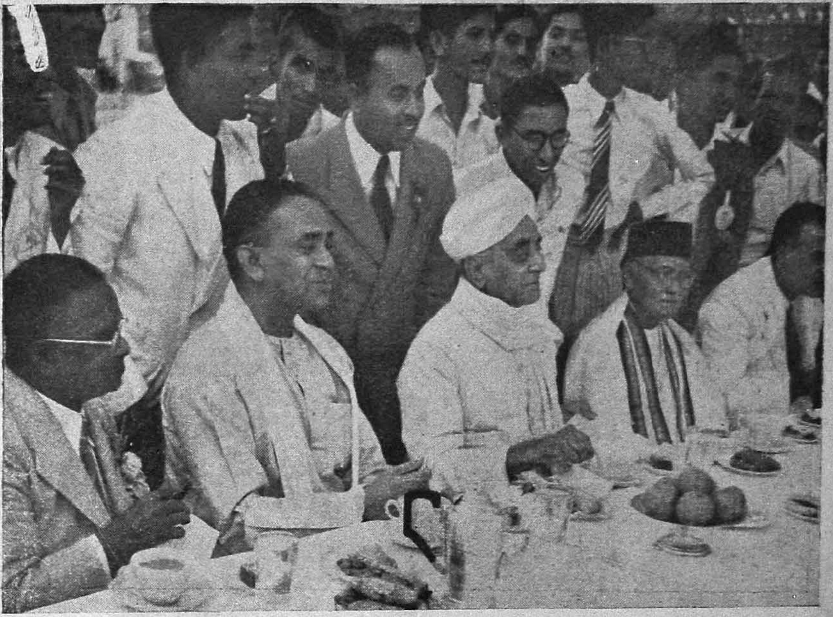
After, prayer, Dr. C. Kunhan Raja, Reader in Sanskrit, University of Madras. read a verse in praise of the systems of Indian Medicine and wishing the College of Indian Medicine all success.

Dr. M. Parankusam, Principal of the College and President of the Silver Jubilee Committee, welcomed Dr. Rajan, Col. Bhatia, Surgeon-General and others present. The presence of the practitioners in allopathic medicine, he said, was a happy augury for the integration of the Western and indigenous systems of medicine. Dr. Parankusam then gave a brief account of the growth of the Institution. Towards the end of 1921 he said, at the instance of the late Raja of Panagal—the then Chief Minister in charge of Public Health—the Government of Madras appointed a Committee under the chairmanship of Sir Mahomed Usman to report on the question of recognition and encouragement of indigenous systems of medicine in vogue in Madras Presidency. In implementation of the recommendations of the Committee, the Government Indian Medical School was founded with Dr. G. Srinivasamurti as the Principal in 1924. The actual working of the classes began in January, 1925. A

Post-Graduate course of training in Allopathic Medicine was also opened for qualified practitioners of Indian Medicine and in 1931 and in 1933, the professional control of all institutions of Indian Medicine in this Presidency was vested in the Principal, Indian Medical School. In 1940, the Government appointed a Committee under the presidentship of Sir Mahomed Usman, who was then the Vice-Chancellor of Madras University, to examine the curricula of studies in the School and recommend any reform that might be required for the improvement of the teaching imparted to the students. The committee had submitted their Report, but the Government, which was under the regime of Advisers, shelved the report on the plea that implementation of the recommendations of the Committee should be done only by a popular Government.

Dr. Parankusam, proceeding, said that Dr. G. Srinivasamurti retired in 1946 and Dr. P. V. Krishna Rao succeeded him. The Board of Examiners in Indian Medicine, which so far functioned under the presidentship of the Principal, was now abolished and a new Board was nominated. The Government had asked the Comissioner for Government Examinations to conduct the examinations in Indian Medicine. In 1946, when the Congress Party took office, there was a change in the policy of the Government and an impetus was given for the development of indigenous systems of medicine. The then Premier, Mr. T. Prakasam, and the Public Health Minister, Mrs. Rukmini Lakshmipathi, took great interest in these systems. An Ad Hoc Committee was appointed to devise ways and means for the encouragement of Indian Medicine. On their proposal, a Board of Studies was appointed and a post of Special Officer was created. In 1947, the Government decided to convert the Government School of Indian Medicine to that of a College of Indian Medicine. It was long felt that organisation of research in Indian Medicine should be started in Madras as a unit with the College and Hospital of Indian Medicine. A scheme prepared by experts was approved by the Government and budgetary sanction was made in March 1947. But due to various administrative difficulties and want of suitable personnel, the scheme was postponed, and only in May 1949, was a research unit begun. During the 25 years of its existence, the School, which was begun in a rented building with a budgetary sanction of Rs. 30,000 a year, had grown considerably in its stature and usefulness. Now, thanks to a sympathetic Government, the Institution is spending Rs. 7,57,200 a year. From July, 1949, the Government was able to secure the services of Dr. M. R. Guruswami Mudaliar as Honorary Director of Indian Medicine.

After referring in detail to the various courses of studies in the College, Dr. Parankusam said that the College had been spoken of by people competent to speak on the subject of indian Medicine, as one of the premier institutions of its kind in India. This Province could really take pride in its accomplishments. It was their intention to make the College the best in India so that the alumni would be capable of getting the best from the traditional indigenous systems of medicine with full faith that they were contributing a great deal to the quantum of medical knowledge in the country, not forgetting even for a moment to imbibe



CHIEF GUESTS AT THE TEA PARTY

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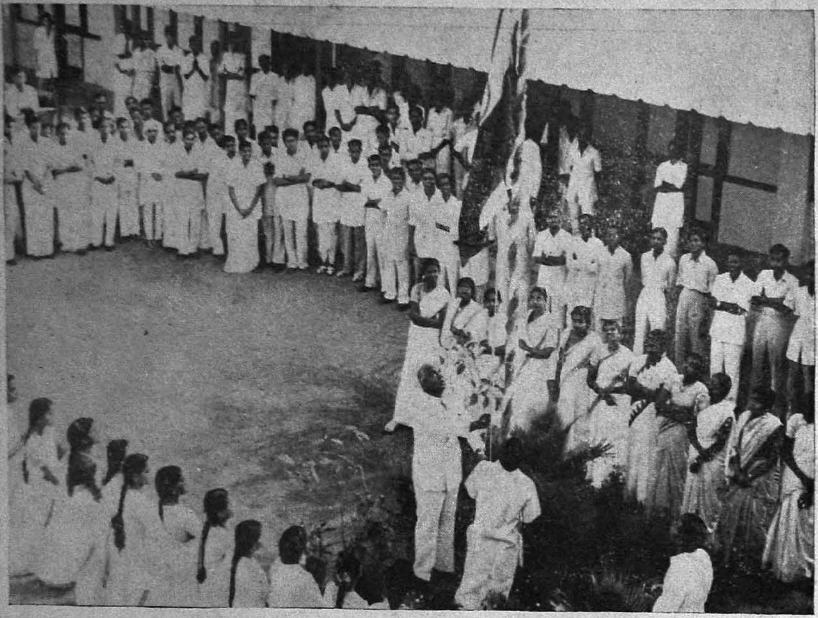
A Staff Member receiving a Silver Jubilee Sports Prize



FLAG HOISTING CEREMONY

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Sir C. P. Ramaswami Ayyar addressing at the Captain G. Srinivasamurti's Statue Unveiling Ceremony.

and assimilate the great contributions and advancements modern medicine had made.

Dr. Parankusam, in conclusion, stressed that facilities be given to put up more beds and urged provision of more hostel facilities.

Dr. Rajan then delivered his presidential address. He said that he was happy to be present on the occasion of the Silver Jubilee celebration of an Institution the progress of which he had watched ever since its inception by the late Raja of Panagal whose enthusiasm for Ayurveda knew no bounds. He was helped in his endeavour by Sir Mahomed Usman and Capt. G. Srinivasamurti. Dr. Rajan said that he considered Dr. Srinivasamurti as the 'live spirit' in starting that institution and was happy to see him present there to see 'how this child of his has come of age when it can stand on its own legs and make its own contribution to the national weal.'

Government Help Assured

Dr. Rajan continuing said that the celebration was well timed. In the wake of the attainment of freedom and in their effort to survive as a free country, they had to contribute their quota of knowledge and service to the suffering humanity. He mentioned that he was there as proof of the interest and sincerity of the Government in the progress of the Institution and their desire to help it in the days that lay ahead. Reviewing the work done by the Institution since its inception, he said that the Out-patient Department had so far treated 16,75,000 patients and the number of in-patients treated was 24,881. The labour cases attended to during the last 11 years was 4,238 and the total number of surgical cases treated since 1946 was 2,058. The average percentage of successful cases treated was 59·66. The Government, he said, were proud to associate themselves with the success achieved by the Institution and they were willing to co-operate in the future development of the Institution, which was bound to grow.

Proceeding, Dr. Rajan said that at the time the Institution was started, indigenous medicine had not made much headway. In fact, it was being looked down upon—perhaps most unjustly—and criticised that it was not doing much useful service to the country. Without going into the statistics of the population that resorted to one system of medicine or other, he said, it would suffice to know that our people had used this system of medicine for a long time and the figures he had given would show clearly the record of work done. War and other conditions of trade had not affected the service which the Institution had rendered so long. It was because it did not have to depend for its maintenance on extraneous sources. All medicines it used were prepared by the Institution itself. "I consider", Dr. Rajan said, "that the record of service done by the Institution is extremely good. The Government will not fail to take cognisance of this".

Dr. Rajan, continuing, said that the consciousness of freedom and the strength it gave was reflected in the growth and development of medicine in this country. There were various systems of medicine. That institution represented what was called 'indigenous medicine'. Indigenous or not, the fact remained that it served the ailing people. The percentage of 59·66 of successful cases

showed by the Institution was no mean achievement. The Government, he reiterated, had made up their minds to develop these systems.

Dr. Rajan next referred to the interest taken by the Government of India in the develoment of Indian Medicine and to the recommendations of the Chopra Committee in this connection. The Report of the chopra Committee, he said was an illuminating one and supplied the key for the working of the systems. Referring to the question of integration of the different systems of medicine, he said that it had been a bug-bear to medical men, particularly to those who were interested only in one system of medicine, viz., the Western system as practised and patronised by the Government today. Dr. Rajan stressed that if only the Indian systems of medicine could be learned and interpreted in terms of world science and explained clearly they would not only help to spread Indian medicine in this country but bring them international reputation and worthy support. "To-day", he observed "on account of the absence of that factor, we are working in a dark corner". The Indian systems of medicine had been expounded in a particular style with a particular philosophy and sentimeent which perplexed the modern thinkers. Therefore their task was to interpret what was meant by the terms used in Ayurveda and other systems. If relief was the criterion of medical effort they had it as much in their systems as in any other. This was all the more remarkable when they considered the handicaps under which they worked. Therefore, they should look upon those systems with charity, kindness and patriotism so as to foster them and bring them to such a degree of perfection that they would hold their own against the other systems. That was the intention in starting the College of Indian Medicine. Whether it had succeeded in this was a thing which time alone could decide. The period of 25 years of the Institution's existence had proved that it could show the way to that integration which had been placed before them as an ideal. It had done in this direction much more than any other institution. This was the cause of Col. Chopra's view, as of others, that that Institution was run on right lines. The institution had had its vicissitudes, but it could be said that they had done well considering the conditions under which they were placed. Their record of work was no mean achievement. Dr. Rajan also referred to the valuable contribution made by Mrs. Rukmini Lakshmipathi during the time she was Minister of Public Health and said that he was carrying out the plans that she had laid out.

Integration of Medicinal Systems

Proceding, Dr. Rajan said that they should be proud that the Government of India were determined to help the growth of Indigenous medicine. No doubt, the inherent difficulties in the way of progress were tremendous. He was not, therefore, sorry that they were a bit slow in regard to integration of the Indigenous and Western system. Dr. Rajan also thanked Dr. Guruswami Mudaliar for having consented to be the Honorary Director of Indian Medicine even sacrificing the much-wanted leisure at his age. They wanted more and more of such men who gave practical help instead of simply expressing sympathy. Dr. Guruswami Mudaliar, he said, was a living embodiment of

a happy consummation of Indigenous and Western medicine.

Dr. Rajan next referred to his recent visit to the Hospital and paid a tribute to the neat and tidy manner in which it was kept and to the feeling among the patients of being quite at home in their beds. He also spoke highly of the way in which the nurses in the hospital were discharging their duties. He stressed the need for trained nurses and said that they had become part of the medical profession and had come to stay. No hospital was worth the name without trained nurses and the nurses had their rightful place in the treatment of patients. He expressed the hope that the nursing staff in the hospital would increase. He said he was also impressed with the pharmacy and laboratory.

Dr. Rajan, in conclusion, assured them that the Government had the fullest sympathy for the requirements of the institution. He also pointed out that, as a proof of the Government's earnestness, they had increased the bed-strength in the hospital from 110 to 210. They had also sanctioned Rs. 7.57 lakhs recurring and Rs. 20.17 lakhs non-recurring expenditure for improvements to be effected in the Hospital and College. In the present state of finances of the Government and compared to the percentage allotted to other hospitals, the allotment of the College of Indian Medicine was not little. He expressed the hope that the results achieved by the Institution would be so much more that the Government would not regret the allotment they had made. The Minister also said that they should not attach much importance to degrees. After all the success of a medical man depended on the efficiency of his work. He also stressed the need for basic education up to Intermediate class in Physics and Chemistry for even those who sought admission in the College of Indian Medicine. He also pointed out that the Government of India had insisted on this basic education.

In conclusion. Dr. Rajan stressed that they should never talk disparagingly of any system of medicine. On the other hand, they should consider every system of medicine, honestly and sincerely practised as a medical system. Put face to face with results, it was success that counted as merit.

Dr. V. Narayanaswami, General Secretary, read messages received on the occasion.

Col. S. L. Bhatia, Surgeon-General, in the course of his 'Commemoration Address', said that the College of Indian Medicine had, during the last 25 years, steadily grown and made good progress. He paid a tribute to the pioneering work done by Dr. G. Srinivasamurti and also congratulated Dr. N. Parankusam, the present Principal, and all the members of the staff for the good work done by them. Medicine, Col. Bhatia said, had been practised and taught in India from time immemorial. The system of Medicine which was indigenous to the soil was Ayurveda. It was probably the oldest system known to history. There was no doubt that the ancient Hindu medicine had a profound effect on Greek Medicine, especially through the invasion of India by Alexander the Great. Modern medicine was the direct descendant of ancient Greek Medicine.

Proceeding, Col. Bhatia said that during the first half of the 20th

century, much progress had been made in Medicine. But they were still ignorant regarding many medical problems which faced them, problems regarding the causation and spread of many diseases as well as their treatment which demanded urgent solution. There was no occasion for any complacency on their part. There should be no slackening of effort. Research and more research was the need of the day. So far as Indian systems of medicine were concerned, they should adopt two measures. One was to institute a Chair of History of Medicine, and the other was to undertake research work on indigenous drugs. It was a happy augry of the times that in the College of Indian Medicine, they had provision for training both in Modern medicine and in Ayurveda, Siddha and Unani. He expressed the hope that the workers there would succeed in properly integrating the various systems and thus evolve a unity which was the very essence of medical science. The scope of medicine had steadily widened so that it was not merely concerned with the treatment of the individual when he was sick, but aimed to protect the whole community against disease and keep it healthy. Preventive medicine was a very important sphere of activity which was now, through the agency of the World Health Organisation, going to extend its benevolent influence over the world as a whole. If they were to take their full share in international co-operation so far as prevention of disease was concerned, they should not slacken their efforts in the least in that direction.

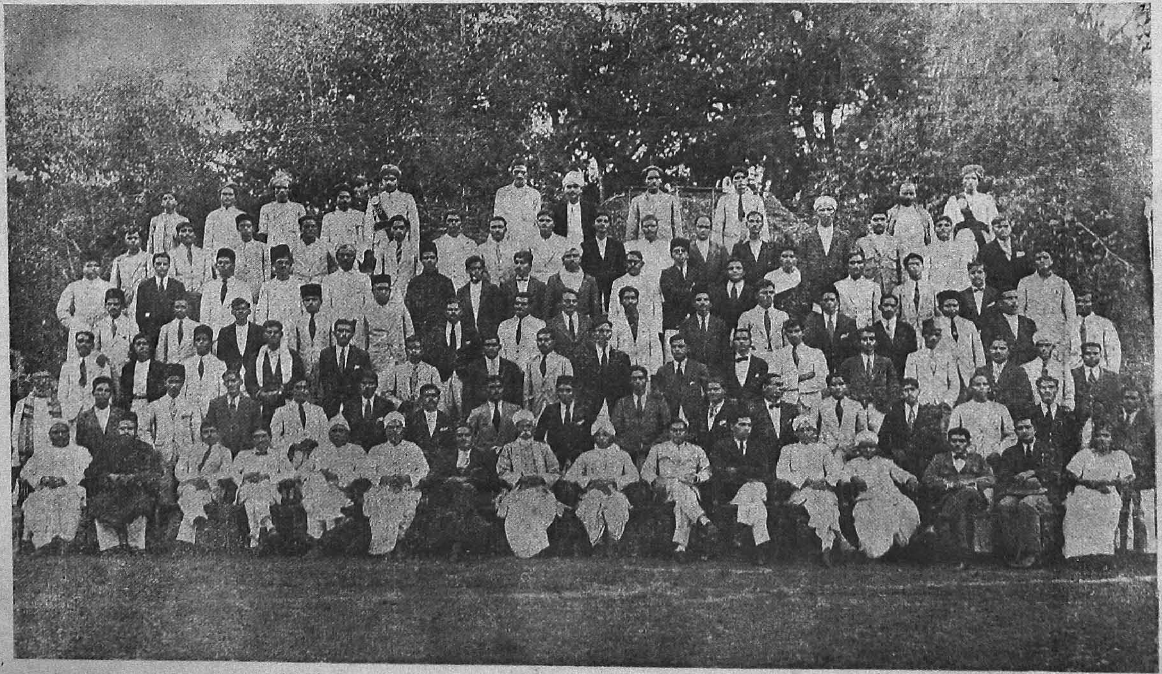
Col. Bhatia, in conclusion, said that now that India was free, he felt certain that they would keep up the spirit of keeping the way wide open to future discoveries. India had already made contributions of outstanding value to Medicine both in ancient days and in modern times. "Deriving inspiration from our past achievements, I am confident we shall continue to live up to our fine traditions and make contributions to world knowledge so far as the alleviation of human suffering is concerned", he said.

Dr. V. Narayanaswami proposed a vote of thanks.

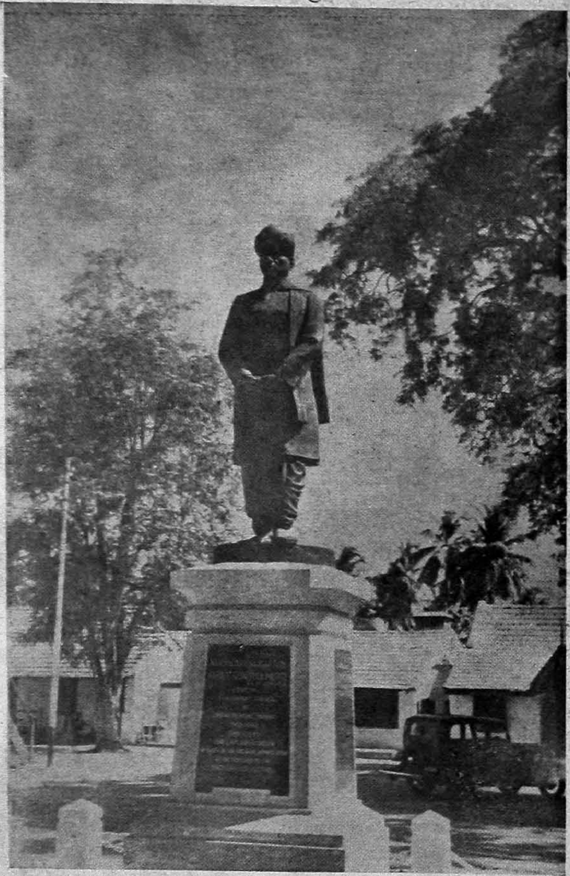
SOUVENIR

An attractive Souvenir has been brought out on the occasion of the Silver Jubilee Celebration, containing interesting articles on 'Indian Medicine' by eminent persons and a history of the growth and development of the College of Indian Medicine. The Souvenir also contains pictures of various persons who had contributed to the progress of the Institution. The first of such pictures is a full-size one of the late Raja of Panagal to whom the Institution owed its existence in a large measure.

Among the many articles in the Souvenir, mention might be made of one by Dr. M. R. Guruswami Mudaliar on "The First Essential," and another by Captain G. Srinivasamurti entitled "The Vision of the Future—A New and Greater Takshashila and Nalanda". Messages received from His Excellency Sri C. Rajagopalachari, Governor-General, Sir Mahomed Usman, Col R. N. Chopra and others are also published in the Souvenir.



FIRST BATCH OF L.I.M. 1928



STATUE OF DR. G. SRINIVASA MURTI
at the Hospital of Indigenous Medicine

Capt. Dr. G. Srinivasamurthi, B.A., B.L., M.B.C.M. Vaidya Ratna

Statue Unveiling

Sir C. P. Ramaswami Aiyar unveiled a bronze statue of Capt. Dr. G. Srinivasamurti at 4 P. M., on 21st January 1950, in the premises of the hospital attached to the college of Indian Medicine, Madras. Mr. P. S. Kumaraswami Raja, premier presided over the function. The statue was put up by the L.I.M. Association.

The following account is taken from Hindu dated 22nd January 1950.

Dr. V. Badarinarayan, Chairman of the Statue Committee, welcomed the Premier, Sir C. P. Ramaswami Aiyar and others. He said that Capt. G. Srinivasamurti, who was the first Principal of the School of Indian Medicine, held that responsible post successfully for over seventeen years. That in itself was a proof of his administrative capacity. He was a dynamic force that animated the institution and he was a guide, friend and, above all, father to the students and was held in great reverence by them. The speaker expressed the hope that, in commemorating his great and valuable services to the cause of Indian Medicine, the statue would be a source of inspiration to the thousands of students who would be passing through the institution. As against the target figure of Rs 15,000, Dr. Badarinarayan said, the Committee was able to collect Rs. 18,017.

Dr. Y. Kondal Rao, Secretary, presented the accounts relating to the Statue Fund.

Messages received from His Excellency Sri C. Rajagopalachari, Governor-General Dr. C. R. Reddy, Dr. T. S. S. Rajan, Mr. B. Gopala Reddi and others wishing the function success were then read.

A book of dedication, which was brought out by Dr. D. Narayana Rao was also read on the occasion.

Mr. P. S. Kumaraswami Raja, who presided over the function, said that the School of Indian Medicine was the first of its kind in the Madras Province started twenty-five years ago in pursuance of a scheme sponsored by the Government of Madras to systematise our oriental medicines, to develop them scientifically on lines suiting the modern needs and to popularise them. It was given to Capt. G. Srinivasamurti to serve as its first Principal charged with the onerous function of giving it a form and shape, so to say. It would be quite easy for any one to take charge of the administration of any institution handed to him as a well—equipped going concern. But to cope with the work of initiating and formulating an institution, especially when it was introduced as an experiment in a field not trodden by the Government before, was really a great responsibility. "It can be said without any fear of contradiction that Capt. Srinivasamurti proved eminently fitted for the job he was called upon to undertake. Having entered it as the first Principal, he served the institution well," the Premier said, adding that Capt. Srinivasamurti gave health and

strength to the Institution, enabling it to grow into the size and status that it possessed to-day.

Proceeding, Mr. Kumaraswami Raja said that Capt. Srinivasamurti's career was a unique record. He was a brilliant student and took his Degree in the Medical Examination with distinction. In addition to his Medical Degree, he also managed to take the Law Degree which was a unique achivement. Capt. Srinivasamurti was active and energetic even after his retirement. It was but appropriate that the School of Indian Medicine, on the occasion of the completion of twenty-five years of its existence, should honour Capt. Srinivasamurti, who had earned the name of "Father and Originator of the Institution," by placing a statue of his in the compound. Mr. Kumaraswami Raja also stated that there could not be a more fitting choice for unveiling the statue than Sir C. P. Ramaswami Aiyar because it was when he was a member of the Government of Madras that the scheme for the establishment of the School of Indian Medicine was initiated and Capt. Srinivasamurti was placed at the helm of affairs of the School.

Mr. Kumaraswami Raja then requested Sir C. P. Ramaswami Aiyar to unveil the statue.

Dr. M. R. Guruswami Mudaliar, speaking next, referred to the talent of Capt. Srinivasamurti and said that he was an outstanding person and he raised the level of Ayurvedic system of medicine to a very great degree.

EFFICACY OF AYURVEDA

Mr. Jinarajadasa said that the Ayurvedic system of medicine which had served the people of India for several thousands of years could not be easily replaced by the Western system of medicine. The indigenous system had come to stay and had its own peculiar elements. Dr. Srinivasamurti had contributed to its progress in a vast measure with his immense knowledge of Sanskrit texts.

Mr. R. M. Seshadri stressd the need for research in indigenous systems of medicine and for the establishment of an institution for this purpose in this Province.

Dr. N. Madhava Menon and Dr. Rajagopal also spoke appreciating the services rendered by Capt. Srinivasamurti in the cause of Indian medicine.

Sir C. P. Ramaswami Aiyar, unveiling the statue, said that he had known Dr. Srinivasamurti for 35 years and more and was glad of the privilege accorded to him to unveil the statue. He counted that privilege only next to the one he had had of unveiling the statue of Dr. Annie Besant. It was in the Theosophical Society that he first came in touch with Capt. Srinivasamurti. His versatility and scholarship enabled him to be the head of the Adyar Library to which he contributed much and made it known to the world at large.

Sir Ramaswami Aiyar said that what he regarded of special and noteworthy importance in Captain Srinivasamurti was the liveliness of his intellectual perception and not merely versatility. It was not only his liveliness, but his readiness at all times and continuously to learn, assimilate, absorb and expound which was his contribution to Indian

medicine. The speaker recalled that his colleague and great administrator, the late Raja of Panagal, with his persuasion, steadiness, determination and coercive advocacy, overpowered many difficulties and brought into existence the School of Indian Medicine. He was able to do it in spite of the entrenched weight of authority against him and the Allopaths fulminating against the possibility and potentiality of Ayurvedic medicine and discussing the impossibility of co-ordinating the outworn tradition of Indian Medicine with the marvels of medicine and surgery in recent years in Europe and America. Not only the Allopathic experts but also the financial experts stood against the Raja of Panagal. The speaker said that he had the great pride that one of the few votes that were cast on the side of the Raja of Panagal was his.

Proceeding, Sir Ramaswami Aiyar said that, at that time, there were great men among practitioners of both Ayurveda ahd Unani systems. A Committee was appointed by the Government of Madras under the presidency of Sir Mahomed Usman to go into the question of develpment of the indigenous systems of medicine. Captain Srinivasamurti was the Secretary of the Committee and in that capacity toured all over India and gathered all possible knowledge. Fortified with that knowledge and experience, he began to reconstruct the science of Indian Medicine and see what was there in it that might be assimilated to the latest results of research. A report was produced which was really the *magnum opus* of the science and art of Indian medicine. It was now agreed that Indian Medicine was the origin of Greek Medicine which was the gospel of the Allopathic Medicine. The treasures of Indian Medicine were all completely obscured by centuries of neglect and lack of research and with the result that quacks abounded it. It also became a secret affair. Most of the doctrines, when they became secret, very often turned valueless. Any attempt to bottle up knowledge and to keep away from the masses the knowledge of art and science were generally doomed to destruction. The remedies of which Indian Medicine was capable of became wholly uninstructed because of the secrecy that had grown around them. Captain Srinivasamurti went into the whole matter and the country owed to him and Col. Chopra for the new reorientation of ideas. Captain Srinivasamurti had tried to show that there was as much scientific basis for Indian Medicine as for any other system. He wanted not only to explore the knowlege side but also the side of practicability and therefore advocated the foundation of the School of Indian Medicine.

Sir Ramaswami Aiyar, continuing, said that during the last few days many speakers qualified in the several Departments of it, had, spoken on the past, present and future of indigenous systems of medicine. An attempt was being made to start a research laboratory in Bangalore. All that was needed was careful fostering and encouragement of the root principles, which, however much they might ostensibly differ from the principles underlying the Allopathic system, had their undoubted authenticity, value and authority. It was up to them to see that what had done service for many thousand years was not merely treated as a trifling contribution to human welfare. For over 2,000 years men had kept themselves well by means of *kashayams*, etc., of Ayurveda and various other

systems of Indian medicine. What was more, research had proved that the Ayurvedic system had recognised its importance as a preventive affair as much as a curative affair. But it did not mean that they should hold their hands and say that they should look to the past, simply read their books and try to prescribe medicine which their forefathers had recorded. A great deal of progress had been made, especially during the wars, in branches like surgery. It was therefore up to them to integrate the Ayurvedic and Unani systems with the modern systems. That it was possible to do so Captain Srinivasrmurti had clearly shown. Sir Ramaswami Aiyar said that he considered it as one of the greatest contributions to the science and art of Indian Medicine. The greatest thing in Captain Srinivasamurti's career was that he effected in himself, and found it necessary an incumbent on him to educate others, into a realisation of the innate scientific validity and importance of theoretic basis of what had been till now an empirical science and was derided in many quarters as that. He had made Ayurvedic system both a science and art.

On behalf of the Association the Premier presented a gold medal to the sculptor, Mr. Rajaram Nagappa.

Forever Sixteen †

BY

Dr. T. P. RAJAGOPAL, H.P.I.M.

1. The prophets and seers of all Land
Sing the eternal glory of the East,
And with one word proclaim immortal
The great civilisation of Ind.

2. Her glory rests not in her wealth,
Not in her monuments and minerets;
Not in the long time of glorious kings
But in her everlasting search for Truth.

3. This search for truth of the sages of old,
Gave the world the ancient science of health,
Ayurveda, the science of medicine of the Gods
And mankind, a life of joy untold.

4. This great gift of the mighty minds of Yore,
Spread North and South; East and West
Through the breadth and length of Bharath Varsha
And became almost a common lore.

† Poem read on the occasion of the Unveiling of The Statue of Capt. G. SRINIVASAMURTHI, on 21—1—'50, in the Hospital of Indian Medicine, Madras.

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MADRAS

LATE Dr. D. NAGARAJAN,
L. M.S., L.R.C.P., M.R.C.S., (ENG.), D.T.M. & H., (LOND.).
Lecturer in Modern Medicine

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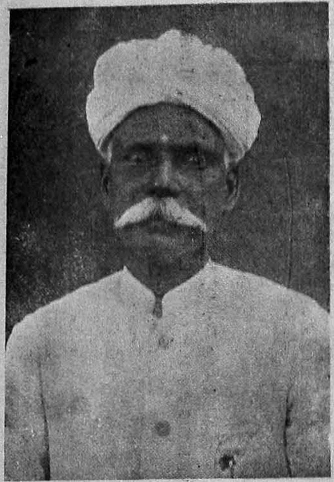
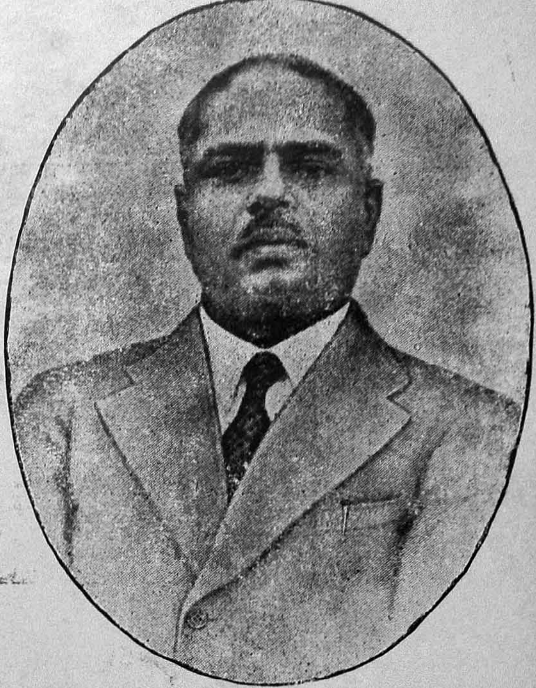


LATE Dr. C. S. MURUGESA MUDALIAR
Lecturer of Siddha



LATE Dr. J. N. RAJARATNAM, B.A., L.M.S., A.I.M
Professor of Modern Medicine

5. Through ages Ayurveda held sway
As mother of all systems of medicine;
But with the dawn of modern times
It soon found itself in a bay.

6. Destiny never would tolerate long
Such a repository for this science,
And soon men of far insight were born
To make Ayurveda once more strong.

7. The Lord's dispensation comes through men,
And the seeds of restoration were strewn
By Pandit Gopalacharlu,
Of Ayurvedic Physicians, the doyen

8. The venerable seer SRINIVASA
Took in hand the task of consolidation,
And starting from Scratch built up
This grand Institution of Ayurveda.

9. The times were propitious for his workings
For then Princely Raja of Panagal,
Ruled over the Province and gave
The scheme his benevolent blessings.

10. Like the cautious pilot through storm,
SRINIVASA piloted the scheme,
Laid the foundation and gave
The School of Indian Medicine its form.

11. At the helm of affairs of the School
SRINIVASA worked with a zeal,
All his own, and made it a success,
And turned out a large army of the SCHOOL.

12. In less than quarter of a century
He worked the glory of the institution
That today it has become a college
With all facility of modern livery.

13. Thus the labours of patriotic men
Has set once more this great science,
In its ancient high pedestal
To shed its lustre over wide stretch of fen

14. Here we pay our homage to the great Science,
And the great men dead and alive
Who had identified their lives
With this cause and found their fiance.

15. Their lives to us are models sublime.
And we shall shape our future after them
And carry undaunted the work they did
Remembering it as our duty prime.

16. Pledge we of the present generation
Our truth to bear the torch alive
And keep this glorious institution
For ever a vigorous youth of Sixteen.

COMMEMORATION ADDRESS DELIVERED

BY

COL. S. L. BHATIA,

C.I.E., M.C., M.A., M.D., B.C.H. (CANTAB), M.R.C.S., F.R.C.P., (LOND.), F.R.S. (E).

Surgeon-General with the Government of Madras,

On the occasion of the Silver Jubilee Celebrations of the Government College of Indian Medicine, Madras on 20th January 1950.

The Unity of Medical Science

The Hon'ble Minister, Ladies and Gentlemen,

I am very thankful to the Silver Jubilee Committee of the Government College of Indian Medicine for the great honour it has done to me in inviting me to deliver the Commemoration Address here today. It was with much diffidence, that I accepted the invitation, for I cannot claim to have any special knowledge of Ayurveda, Siddha and Unani systems of Medicine. I should have thought some one well versed in these ancient systems of Medical Science, would have been more suitable to speak on this occasion. But believing as I do, that Medical Science is one and indivisible and that it is universal in its outlook and scope, I felt that it was my duty to respond to the call. I am indeed happy to be in your midst, and consider it both a pleasure and a privilege to join with you in the Silver Jubilee celebrations of the Government College of Indian Medicine.

This institution, whose Silver Jubilee we celebrate today, was founded in 1925. It was due to the late Raja of Panagal, that in 1921 a Committee was appointed under the Chairmanship of Mr. (now Sir) Mohammed Usman Sahib Bahadur "to report on the question of recognition and encouragement of the Indigenous systems of Medicine in vogue in this Presidency". The Committee in its report made the following significant observation:

"Every scheme of study of Indian Medicine whether Ayurveda, Sid-

dha or Unani, should make adequate provision not only for the efficient training in subjects appropriate to itself but also for the teaching of the essentials of whatever is valuable in Western Medicine. Consistently with this view, we would like to see the future Practitioners of Indian Medicine, no matter to what denomination they belong, Ayurveda, Unani, Siddha, European Medicine or any other being so schooled and trained as to be able to bring to bear on the problems of health, and ill-health not only the expert knowledge of their own systems, but as far as practicable, the best that is in other systems also."

It was to implement this suggestion, that the Government School of Indian Medicine was brought into being. It was formally opened by the Governor of Madras, H. E. Lord Goschen, on 24th November 1924 in "Thambu Villa" in Pantheon Road. The first batch of students commenced their studies on 6th January 1925 for the L.I.M. course. Provision was made in the School not only for the proper training in Ayurveda, Siddha, and Unani, but also in Anatomy, Physiology Surgery, Midwifery and Ophthalmology. Since then the School has continued to make good progress. The Chief landmarks in its history are as follows:

In 1926, the School was shifted to a bigger building "Hyde Park" in Poonamalle High Road. The out and inpatient departments in the hospital were opened in 1926. In 1928, a Board of Examiners was first constituted, providing for the appointment of both internal and external examiners in each subject. During the same year a Text Book Committee was appointed for completion of standard Text Books in Indian Medicine and for opening special course of training in Indian Medicine (the present A.I.M. course) to which only qualified practitioners of modern medicine were to be admitted.

In 1929, the outpatient department was shifted to permanent buildings. In the same year, a hostel for boys was opened. H.P.I.M. (High Proficiency in Indian Medicine) in Ayurveda, Siddha and Unani for passed L.I.M's. were started and a Herbarium was opened for experimental and other purposes.

In 1930, Anatomy Department was shifted to permanent buildings, a hostel for women students was opened and a training course for compounders in Indian Medicine was started.

In 1931, lecture halls for the school were put up, and permanent buildings were constructed for the Women's section of the hospital. During the same year, the A.L.I.M. a postgraduate course in Modern Medicine was opened for qualified practitioners of Indian Medicine.

In 1932, a Central Board of Indian Medicine was constituted for registration of qualified practitioners of Indian Medicine. In 1933, the professional control of all institutions of Indian Medicine in the Province was vested in the Principal of the school, and two inspecting officers were appointed to assist him in the work. Provision was also made for clinical research.

During the war this hospital was one of those hospitals where a large number of refugee patients from Burma and Federated Malay States were treated.

Since 1946, the institution has again begun rapid progress. An ad hoc committee was appointed to device ways and means for the encouragement of Indian Medicine. On its advice a Board of Studies was appointed, which prepared a syllabus for a college course, which the Government accepted with partial modification. In 1947 it was decided to convert the School into a College. The College started functioning in 1947 with the first batch of students. Dr. M. Parankusam is the first Principal. The affiliation of the college to the Madras University for B. I. M. degree (Bachelor of Indian Medicine) is under consideration.

So this institution imparts instruction in Ayurveda, Siddha and Unani systems of Medicine together with some knowledge of Modern Medicine. From 1925 to 1949 the School has produced 1155 LIM's, of whom 1060 are men and 95 women. There is a hospital with a bed strength of 210. An orthopoedic department was created in 1944 where patients are treated in indigenous way for fractures and dislocations. Recently new buildings for hostels for the students have been constructed and are nearing completion. There are proposals for the expansion of the College and Hospital buildings under consideration, so that the future progress of the College is well planned.

Thus during the last 25 years, the institution has steadily grown, and has made good progress.

I would like to pay a special tribute to Dr. G. Srinivasamurthy, the first Principal who retired in 1942 for the excellent pioneer work he did in organising this institution. His services will always be remembered with gratitude by all. I also wish to congratulate Dr. M. Parankusam the present Principal and all the members of the staff for the good work done and for bringing the institution to its present level of efficiency and usefulness.

I am particularly happy, that now we have Dr. M. R. Guruswami Mudaliar at the head of affairs, a very distinguished and esteemed member of the medical profession, under whose guidance and care, I am sure, this institution will continue to make good progress.

An interesting feature of this College is that it combines training in Ayurveda, Siddha and Unani, with a certain amount of knowledge of the sciences of Anatomy and Physiology and Modern Medicine, thus demonstrating what I said at the outset that Medicine is one and indivisible. Our Modern Medicine, which is sometimes, referred to as Allopathic has really grown out of the ancient systems of Medicine taught in this School, and even today it is eager to learn what it can from this ancient inheritance.

Medicine has been practised and taught in India from times immemorial. The system of Medicine which is indigenous to the soil is the Ayurvedic. It is probably the oldest system of Medicine known to history. Garrison records that the ancient Hindus excelled all other nations of their time in operative surgery. They performed amputations of limbs, knew various means of checking hæmorrhage treated fractures and dislocations of joints, performed Lithotomy, Cæsarian section, excision of tumours, extraction of cataract, rhinoplasty and skin grafting. It is also well known as recorded in

Asoka's inscriptions that Hospitals were established in ancient India. We had a rich Materia Medica of medicinal herbs and other medicaments.

Subsequently with the advent of the Moslems, the Unani or the Greecio-Arabian system was introduced. This was based on the science of Greece and Egypt and developed under the enlightened patronage of the Khalifas of Baghdad. The principal service of Islam to Medicine was the preservation of the Greek culture. These two systems as well as the Siddha system which is vogue in South India were taught and practised in India upto the time we came in contact with the nations of the West. These Indian systems still command much influence.

In any system of Medicine some hypothesis as regards the normal functions of the body is essential in order that morbid proceeses occurring in diffrent diseases may be given a rational explanation. Now the Indian culture is deeply imbued with philosophy, and both the Ayurvedic and Unani systems are strongly philosophical in outlook. You are no doubt aware that Humoral Physiology of the Ayurvedic Medicine presupposes three principal humours or fluids in the body, namely 'vata' 'Pitta' and 'kafa'. Health is associated with the normal condition of these humours; disease with their derangement. To an audience such as this I need not remind of Charaka, Susruta and Dhanvantri, the great master-minds of ancient Hindu Medicnie to whom today we offer our sincere homage, reference and gratitude for the great treasure-house of knowledge which they have passed on to us and to all succeeding generations.

The Unani system was noted specially for its Chemistry, which had its origin in Arabia. The processes of distillation, filtration, sublimation, etc. were introduced then. It is deeply imbued with the ideas of Hippocrates and Galen modified by the work of the great Persian Physicians Rhaze and Avicenna.

There is no doubt, whatsoever that the ancient Hindu Medicine had a profound effect on Greek Medicine especially through the invasion of India by Alexander the Great (321 B.C.). Modern Medicine is the direct descendent of ancient Greek Medicine and looks back upon Aesculapius and Hippocrates as its chief protagonists. After Hippocrates, the greatest name in Greecio Roman Medicine is that of Galen (131–201 A.D). After Galen, Medicine in Europe like the Hindu Medicine in India became static, and this state of affairs lasted until the 15th century. With the commencement of Renaissance, its growth commenced again. Certain forces for the removal and advancement of learning were active at that time, the Reformation, the movement for freedom of thought, growth of individualism. resistance to the force of authority of the Church in prosecution of knowledge, the introduction of printing, a spirit of adventure (which resulted in the discovery of America by Columbus and India by the Europeon navigators), and a revival of the spirit of intellectual curiosity, so characteristic of the day when the flowering of ancient Greek civilisation took place. "We Europeans are the children of Hellas", so writes Fisher the ancient English Historian.

Thus with the birth of Renaissance, an impetus was given to the progress of Medicine in Europe as to all forms of knowledge which had remained

stationary and dormant for more than a thousand years. It was then that there appeared on the scene men like Thomas Lenacre (1460—1519) Paracelsies the Chemist, Leonarda da Vinci (1452—1514) the great Artist and Scientist of Italian Renaissance who was also a great Anatomist. Andreas Vesalius (1514—64) the Anatomist, the most commanding figure in Medicine after Galen, William Harvey (1578—1657) who in his De Motu Cordis described the circulation of blood. It was by the work of these and other, that Medicine was aroused from the slumber in which it was reposing in Europe throughout the middle ages. The progress thus started in the 15th and 16th centuries, was accelerated in the 17th, 18th and 19th centuries. The advancement of Medicine was helped greatly by the advances in the fundamental sciences of Chemistry and Physics. The names of Sydenham Linnaeus (1707—78), Herman Boerhaave (1668—1738), William Hunter (1718—83), John Hunter (1728—93) Edward Jenner (1749—1823), Laennec (1781—1826), Louis Pasteur (1822—95), Robert Koch (1843—1910) Lord Lister (1827—1912) to mention only a few, are well known to all students of Medicine. The Medicine as we practice today is the result of the labours of certain enlightened individuals who were fired with the spirit of intellectual curiosity and a keen desire to discover truth. The method of integration which has proved eminently useful and fruitful is that of observation and experiment. The discovery of the microscope has been of inestimable value.

Exactly half a century ago, when the 19th century was coming to a close, and the dawn of the 20th was in sight the late Sir William Osler uttered the following memorable words:

> "To us in the medical profession, who deal with man the individual unit, and measure progress by the law of the greatest happiness to the greatest number, to us whose work is with the sick and suffering, the great boon of the present age is that the laws of the tree of science have been for the healing of the nations. Measure as we may the progress of the world—naturally in the advantages of the steam, electricity and other mechanical appliances; sociologically in the great improvement in the conditions of life; intellectually in the diffusion of education, morally in a possibly higher standard of ethics—there is no one measure, which can compare with the decrease of physical suffering in man, woman and child, when stricken by disease or accident."

During the first half of 20th century, this progress of Medicine has been further accelerated, especially by the two world wars, which many of us have witnessed.

But, let me say in all humility that we are still ignorant regarding many medical problems which face us, problems regarding the causation and spread of many diseases as well as their treatment, which demand urgent solution.

There is no occasion for any complacence on our part. There should be no slackening of effort. Research, more research and still more research is the need of the day.

It is a historical fact that Greek Medicine as practised in Europe upto

the 15th or 16th centuries was very much the same as the Ayurvedic medicine. The progress which commenced in Europe during the renaissance did not take place in this country. We need not discuss here to-day the causes for this difference in the history of Medicine in Europe and in India, but the main point is that the origin of the two is the same, and we should regard Modern Medicine as our own as much as the Europeans do. There is a *Unity of Medical Science* which should be recognised by all. It is like other sciences such as Chemistry and Physics. There is no such thing as Indian Chemistry and European Chemistry or Indian Physics and European Physics Modern chemistry and physics historically are the outcome of the labours of many countries.

So far as our Indian systems of Medicine are concerned, there are two measures that we should adopt:

1. To institute a chair of the History of Medicine.

The Professor and staff in the department of History of Medicine should make a critical and detailed study of these ancient systems and present authoritative interpretations of the ancient texts. A study of the History of Medicine shows that Modern Medicine is not a new thing which has suddenly sprung up automatically with the twinkling of an eye. It is the logical outcome and the result of growth of ancient systems of Medicine. You may say that it is modernised version of Ayurvedic, Siddha and Unani systems. There is no conflict whatsover between these systems of Modern Medicine. They are all one and indivisible. Medicine is universal. It does not belong to any one country. It knows no geographical boundaries and recognises no distinction of race, or colour. At the present day, a medical discovery made in one country becomes at once the possession of the entire world. And further the word Health Organisation is trying its best to make Medicine truly international by breaking down all barriers.

2. To undertake research work on indigenous drugs.

We are fortunate that in Ayurveda, Siddha and Unani systems we have a vast treasure house of knowledge, especially of various medical plants. We should make use of this knowledge and conduct investigations with modern methods in regard to their pharmacology and therapeutic values. Many of these drugs need to be analysed, their therapeutic value assessed, their composition standardised and dosage fixed. Here there is a splendid opportunity for the practitioners of indigenous systems of medicine to work in co-operation with their brethren trained in Modern Medicine with the object of discovering new remedies. Thus we could eventually build up our own Indian Pharmacopaea.

It is a happy augury of the times, that in this Government School of Indian Medicine, we have provision for training both in Modern medicine and in Ayurveda Siddha and Unani. I hope and trust that the workers here will succeed in properly integrating the various systems and thus evolve a unity which is the very essence of medical science.

I may say that the scope of medicine has steadily widened so

that it is not merely concerned with the treatment of the individual when he is sick, but aims to protect the whole community against diseases and to keep it healthy. Preventive medicine is a very important sphere of activity which now through the agency of the World Health Organisation is going to extend its benevolent influence over the world as a whole. If we are to take our full share in international co-operation so far as the prevention of disease is concerned, we should not slacken our efforts in the least in that direction.

Abel once said, that "greater even than the greatest discover is to keep open the way to future discoveries." A very wise remark; *to keep open the way to future discoveries.*

This requires something of the spirit of the Renaissance. Now that India is free and master of its own destiny I feel certain that this spirit will prevail and that we shall keep the way wide open to future discoveries. India has already made contributions of outstanding value to Medicine both in ancient days and in modern times. Deriving inspiration from our past achievements, I am confident we shall continue to line up to our fine traditions and make contributions to world knowledge so far as the alleviation of human suffering is concerned.

To the students of this College I would say; Remain students till the end of our days. Go out into the world with faith in the profession for which you have been trained in this College. Always cherish love and honour to your Alma mater. Live up to the highest traditions of the noble profession to which you belong. Minister to the needs of the sick and suffering with a spirit of mercy understanding and sympathy. Serve your fellow beings in the best way you can. In the performance of this humane duty for its own sake you will find your best reward and satisfaction.

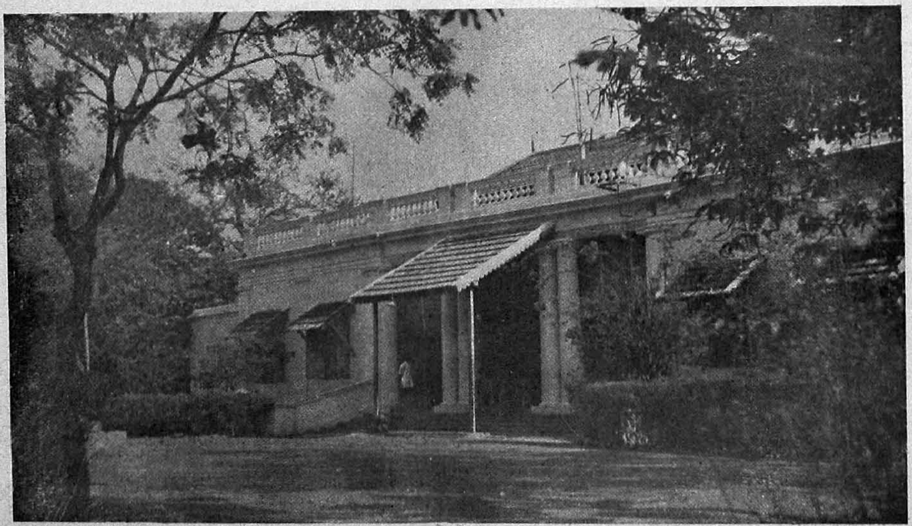
The Medical Practitioners in Europe look back upon Hippocrates and Galen and derive their greatest inspiration from them. We in India are rightly proud of our own ancient teachers, Charaka, Susruta. Let them be our inspiration. Let us follow their noble example, and be worthy of the great heritage they have bequeathed to us. May God bless this college and all those who work in it. I wish the college continued success in the coming years to come. I wish you all the very best of success.

Peptic Ulceration

BY

K. S. AYYAR, F.R.C.S. (ENG.)

The subject of "Peptic Ulceration", has interested many from the late twentys, when gastric surgery was in its infancy, so to speak, in South India. The mortality rate was then fairly high and complications very frequent. Anaesthesia did not reach the high levels of safety as in the present day, and that no doubt contributed to swelling the death roll. It was probably this combination of difficulties, dangers, compli-



'Thambu Villa', Egmore, Madras, where the School of Indian Medicine was first started in 1925.

Dr. N. MADHAVA MENON
Retired Lecturer of Ayurveda

Dr. U. P. SANKUNNI MENON
Retired Lecturer of Ayurveda

cations and high mortality that fired one's imagination to take up the further study of this interesting subject.

Peptic ulcer really means an ulcer due in some way to digestive process. Very many interesting and conflicting theories have been advanced for its causation and progress. It is sufficient for us to take into consideration the known factors which may contribute in some degree to its formation, continuance, recrudescence or complications. Acute ulcers usually arise as minute pin-point areas of necrosis following on any acute septic conditions, local or general. A chronic ulcer is always the result of the extension of the acute ulcer and the prevention of the natural healing processes that usually take place. Hurst and his co-workers have postulated that there is an ulcer diathesis. People have been classified into a Hyposthenic and Hypersthenic type. Then there is the acid factor.

It is well known that ulcers cannot occur in an area which is not bathed in the acid gastric secretion. Though the presence of acid is necessary, it is not absolutely certain that the mere presence of excessive HCL produces a Peptic Ulcer. Individuals with a hyperchlorhydia do not always exhibit the signs and symptoms of ulceration. The acid therefore is only a contributory factor and can only come into play when there is already some damage or necrosis following other causes.

That the presence of the acid is really necessary to maintain the chronicity of the ulcer, and as such is important from the point of view of treatment, both medical and surgical cannot be gainsaid. Irregular and hurried meals and smoking are some of the causes which contribute to excessive secretion of HCL. Next there is the so-called toxic factor. It is believed that toxins of either bacterial or non-bacterial origin circulate in the blood and are in some way responsible for the original focus of necrosis in the gastric or duodenal mucosa. In spite of the experiments of Rosenow and Bolton, it is difficult to believe that there is a particular strain of streptococus which has an "elective affinity" for the peptic area only. Many authorities have also mentioned the teeth, the tonsil and the appendix as foci of infection. Though over 90% of all people we meet with in the outpatient department, have a varying degree of oral sepsis, it is only a very small percentage who exhibit symptoms of peptic ulceration. However oral sepsis delays the healing after operation for peptic ulcer. The tonsil has been much abused and guillotined, and the same remarks apply here as in the case of sepsis. The role of the apendix has been over-exaggerated. Any lymphoid follicle will show some inflammation since it is a protective barrier. Hence unless this is very marked, it cannot be considered as diseased.

In a recent series of 120 cases the appendix has had to be removed only eleven times for definite disease.

Next in order we come to the explanation given by Harvey Cushing that the mid-brain is somehow responsible for a para-sympathetic, sympathetic, imbalance. Usually hypersecretion is associated with hypermotility, especially in the pyloric segment of the stomach. Cushing would like to explain these phenomenon as due

to an affrent-efferent channel with the mid-brain as the centre. This neurogenic theory has been replaced by a recent American exposition that peptic ulceration is a psychosomatic disorder. This seems to be mererly lifting the disease from the realms of the undignified neuroses to a more dignified plane.

Only passing mention need be made to the ancient theories of Virchow that embolism is the primary cause for the acute ulcer; and the gastritis theory which postulates that somehow or other gastritis and ulceration are closely related.

The question of age and sex is one on which all surgeons seem to agree. It is very much more common in the male than in the famale. In a series of 120 cases 45% belong to the age group 30 to 40 and roughly 20% each to the groups 20 to 30 and 40 to 50. The youngest case was 17 years old and the oldest 60 years old. All except one were males.

There seems to be a fairly well-defined zone of distribution in the occurence of the ulcer. Subjects are usually confined to the Godavari and Krishna delta areas and the West Coast. It will be worthwhile investigating whether there is any underlying factor common to both these areas as regards customs, habits, diets or climatic conditions.

Peptic Ulcers are usually confined to lesser curvature of the stomach and the first one inch of duodenum. There are interesting explanations as to why ulcers should be confined to this particular spot. There are two theoretical factors mentioned viz. the presence of concentration of lymphoid follicles along the lesser curvature and duodenum, where severe infection breaks the protective barrier of the follicles and causes necrosis of mucosa. And secondly there is the explanation given by Wilkie that the blood vessels supplying the lesser curvature of the stomach and the first part of the duodenum are more tortuous in their course and have less frequent anastomosis thus providing a relatively precarious blood supply. Added to this is the well-known factor that the food in the stomach is churned up and travels along the so-called "Gastric Canal" or what the Germans call "Magenstrasse", which is really the lesser curvature of the stomach with an area of one inch in front and behind. It is true therefore that this area is more subject to trauma and is less likely to be at rest.

All these various theories, fancies, explanations, really betray only our state of ignorance regarding the causation of this very interesting condition. We may sum up by stating that according to our present limited knowledge, all available evidence shows that two factors are simultaneously at work, viz. (1) local trauma of the mucous membrane whether mechanical infective or toxic or neurotrophic and (2) the eroding, digestive and irritant properties of the acid gastric juice.

Pathology:—Acute ulcers are multiple, small in size and involve only mucous and submucous layers. It has been found that 12% of people show signs of a healed ulcer as seen at post-mortems. Chronic ulcers of the stomach involve the posterior wall much more frequently than the anterior wall, while perforations are more frequent in anterior ulcers. Chronic gastric ulcers are usually one inch or less in diameter are punched out in appearence and

usually involve all the coats except the serous and sub-serous layers. Chronic duodenal ulcers are irregular in outline, and are smaller in size. A chronic peptic ulcer is always palpable at operation and there is hardly ever any necessity to make an incision into the gut to verify its presence. The peritoneal surface has a whitish scarred appearance which on massage or rubbing, exhibits a stippling owing to the presence of minute blood vessels showing as small red points. This stippled appearance is absent in the case of cancer.

Diagnosis:—The points that are likely to be of assistance in arriving at a correct diagnosis are as follows. The pain that is commonly present appears earlier, is usually very severe, seldom occurs at night, and seldom on an empty stomach in the case of gastric ulcer. The pain is relieved more or less by taking alkalies or milk and is completely relieved by vomiting. Self-induced vomiting is therefore likely to be present. Periods of remission are short.

In chronic duodenal ulcer on the other hand; the pain appears from two to four hours after food, is not so very severe, is also regularly nocturnal, and is not completely relieved by vomiting unless pyloric stenosis is present. The characteristic hunger pain which follows the rapid emptying of a hypersecreting stomach is relieved by food, drinks or medicines. The periods of remission are definite and are usually long.

The pain is usually felt in the epigastrium and tenderness on palpation is persent either centrally or under the left costal margin in the case of a gastric ulcer. Tenderness in the case of a duodenal ulcer is present over the epigastrium or right rectus.

Appetite and nutrition are usually good in the case of a gastric ulcer except in the later stages. When pyloric stenosis is present there is loss of weight, loss of appetite and increased vomiting.

Hametemesis occurs in 20% of all ulcer cases. (90% of haematemesis is due to peptic ulcer). Constipation is commonly present as also acid eructations water brash etc.

Investigations like a fractonal test meal X-ray examination and occult blood examination, should be carried out.

Of these F.T.M. is very helpful. The same cannot be said regarding X-rays. A barium meal series is practically worthless unless a routine screening and palpation under the screen are carried out. The reports that we usually get are non-committal, in-conclusive and practically useless.

Differential Diagnosis : — Cases from which peptic ulcer is to be diagnosed can be grouped under three main headings viz. 1. Other nervous gastric disorders like hysteria, gastric crisis of tabes and migraine, 2. Reflex dyspepsias. The most important of these are appendicular dyspepsia, ileo-caecal tuberculosis, gallbladder disease and cancers of the gastro-intestinal tract. In a appendicular dyspepsia it is important to note that though the pain may be referred to the epigastrium, it is not regular in its onset or in the periods of remission and is unaccompanied by tenderness on deep palpation. Vomiting is not so common but nausea is almost always

present. Most important of all, is pain unrelated to the taking of food. In Ileo-Caecal tuberculosis the presence of a palpable mass in the right iliac fossa together with other signs of appendicular inflammation existing for a long time are suggestive. Here one word of warning should be given. It is so easy to diagnose chronic appendicitis. It can cover a variety and multitude of diseases. A frequent diagnosis of chronic appendicitis is the result of an idle and lackadaisical approach to Ileo-Caecal inflamations, unaccompanied by the vigilance and care that is necessary in physical examination. Without at least 20 years of experience it is unwise to label any case chronic appendicitis. As one famous surgeon used to say "diagnose chronic appendicitis only after you are 45".

Gallbladder troubles occur more in women than in men. There is nausea and flatulence, and the tenderness is situated at the characteristic point. X-rays will help diagnosis.

Cancer of the stomach can be diagnosed by the loss of appetite, the severe and continuous nature of the pain without any remission whatever, the anaemia and characteristic cachexia the achlorhydria X-ray appearance, and the undigested food residue animal and vegetable in the faeces.

Pancreatic disease shows the characteristic deficiencies in fat digestion and fat absorption. Acute haemorrhagic pancreatitis may closely resemble a peptic ulcer perforation while sub-acute inflamations of the pancreas may resemble a large penetrating gastric ulcer which is adherent and in which pain and vomiting are outstanding figures.

3. Other organic gastric and duodenal disorders like gastritis, syphilis and tuberculosis of the stomach, duodenal ileus. Here it should be mentioned that several times cases of tabes mesenterica very closely mimic peptic ulcers. Contrary to our usual expectation, in several instances, a fractional test meal gives evidence of hyperchlorhydria. It is not always possible to elicit the periodicity or the presence of remissions in an ignorant and uneducated villager and so in many of these cases the diagnosis is made at laparotomy. In a series of 120 cases operated for peptic ulcer only three cases of tabes mesenterica, have been found.

Complications:—It is easier to remember the complications if we classify them as acute and chronic; the acute ones being surgical emergencies. Surgical intervention will be required as an emergency in perforation and may have to be resorted to in a few cases of haemorrahage. In a series of 120 cases, there have been 12 perforations and only one case of haemorrahage. In the latter case the haemetemesis was repeated in its occurrence and proved fatal. All the perforation cases except one recovered after surgical intervention, probably because the pain is so severe as to make such patients seek hospitalisation at the earliest opportunity.

Among the chronic complications may be mentioned adhesions which are usually to the pancreas posteriorly and gall blader anteriorly. Next comes pyloric obstructions, due either to spasm or stenosis following fibrosis. Other complications worth

mentioning are hour glass contraction of the stomach and malignant changes in the ulcer.

It is generally held by all surgeons that a chronic gastric ulcer untreated may in course of time undergo malignant changes. The evidence can be assessed from the clinical evidence which is circumstantial, and the pathological evidence which is direct. A duodenal ulcer never undergoes malignant change. Cancer of the stomach like ulcer of the stomach occurs more frequently in men and is situated in the lesser curvature. Many of these cases give a history suggestive of previous chronic ulcer, the proportion varying from 10 to 50.

Pathologically specimens removed as simple ulcers have on microscopic examination shown unmistakable evidence of malignancy.

Treatment: This is the most controversial part of this subject.

There is no definite agreement on the lines of treatment to be followed; whether it is to be treated medically or surgically and if the latter, what is the particular operative procedure to be followed; these are all points which open up valuable fields of discussion. The most logical line of treatment is to begin with medical. Rest in bed, neutralisation of the acid gastric secretion by alkalies, frequent bland feeds, relief of spasm by drugs are all the things aimed at. If strictly supervised and rigidly adhered to, it gives immediate relief in over 75% of cases and a cure in more than 50-60% of the cases, provided cases are taken in hand early enough and the treatment is prolonged enough. The very length and tedium of the treatment is its drawback. The economic group from which ulcer cases are drawn in this country, is very unfortunately, the one where this prolonged hospitalization is impossible.

Obviously therefore, though efficient medical treatment should have a good trial, equally obviously, a considerable number of the patients ought eventually to be operated upon. Mechanical obstruction, or a large deep ulcer that may be malignant, demands early operation. Additionally as mentioned previously, the failure of medical treatment is another cause for the adoption of surgical procedures.

The aims of surgical treatment remain the same, namely to promote the healing of the ulcer by providing the necessary rest. In some cases the removal of the ulcer may be necessary. Relief of intra gastric tension by a short circuiting operation relieve the pain and the Stenosis at the same time. It also causes neutralisation of the acid contents by allowing for the entrance of alkaline intestinal contents, or by reducing the acid secretion form the gastric mucosa.

The operative procedures to ensure the shortcircuiting are gastro-duodenostomy, or gastro enterostomy. Though Wilkie advocates the former, the latter by its very simplicity has been the operation of choice among Surgeons for a long time. On the other hand to reduce the acid secretions, partial and subtotal resections of the stomach have been advocated. The protagonists say that this will avoid the formation of a gastro-jejunal ulcer, as also the possibility of maligant changes occuring in a peptic ulcer in the stomach. We will now try and evaluate these two procedures.

The mortality and end results of gastro-jejunostomy were investigated by the British Medical Association. An adequate number of cases treated by the rank and file of surgeons were considered. The operation mortality for duodenal, pyloric, and gastric ulcers was 5% 6% & 9%. The follow-up for the gastric and duodenal ulcer showed 90% of successes and about 4% of failures; Secondary gastro-jujunal ulcer followed in about 2·8% of the duodenal and 0·8% of the gastric cases. Subsequent cancer was rare, if ever reported.

Individual English Surgeons report a lower mortality rate. (1–2% in duodenal and 3–4% in gastric). End-results are about the same as mentioned above, except that when a gastric ulcer is not removed, the cure rate is about 10% lower.

Continental and American results for Gastro-jejunostomy are, for some reason not well understood, far less satisfactory. The mortality is about the same, but only 50-70% are cured and 20-30% do badly.

Partial Gastrectomy is advocated to avoid anastomotic ulcer or cancer and to obtain a larger percentage of cures. Gastro-jejunal ulcer follows gastro-jejunostomy in 0·4% to 3·4% of the patients operated upon. Cancer follows in 2% of the cases. After partial Gastrectomy, gastro-jejunal ulcer follows in about 0·6% of the cases. Some anaemia may result from an extensive gastrectomy, mild in nearly half, serious in perhaps 10%; and in a few cases quite severe.

The operative mortality of partial gastrectomy for gastric ulcer is about 10%. Excellent results are obtained in about 80%, poor results in 5%.

Thus it will be seen that except in cases of large deep adherent gastric ulcers, which call for resection, the end results of partial gastrectomy for gastric ulcers are no better than those of simple gastro-enterostomy, with wedge excision of the ulcer.

In the case of duodenal ulcers there are advocates of gastro-duodenostomy on the analogy of gastrectomy for gastric ulcer. This is a more serious procedure and the end results are no better than those for gastro-jejunostomy, and the mortality is higher. Local excision of the ulcer by itself, gives poor results. (57% of cures and 18% no better.)

The deductions we arrive at from these figures are :—

(a) If mechanical obstruction is not present and cancer can be excluded with confidence, medical treatment ought to be given a fair trial.

(b) If it fails, or recurrence takes place, operation is indicated. For Gastric ulcer, the best operation is gastro-enterostomy with local removal of the ulcer. If the ulcer is large, deep and adherent a partial gastrectomy is often better.

(c) For simple Pyloric stenosis, gastro-jejunostomy is the best. It is safe and satisfactory.

(d) For Duodenal ulcer, gastro-jejunostomy is the best treatment.

After all, partial gastrectomy is not a physiologically wise procedure apart from its being unscientific. It only betrays our ignorance of the subject if we have to remove a portion of an organ in order to lessen its secretary activity.

A routine removal of an appendix at the time of a gastro-jejunostomy is meddlesome surgery. It prolongs the operation and can contribute to the raising of the mortality rate.

Post-operative treatment is as important as pre-operative treatment. A patient with a chronic peptic ulcer is nutritionally a bad risk. Vomiting contributes to chloride deficiency. There is dehydration and loss of weight. Several of these subjects are infested with ankylostoma duodenale and as such have to get the necessary hook-worm treatment prior to operation. It is unsafe to operate when the haemoglobin content is less than 60%. To combat the anaemia and increase the haemoglobin, liver extract parenterally and iron by mouth, are given. Gastric-lavage need not be done as a routine pre-operative procedure. It has started haemorrhages of minor degree, necessitating postponement of the operation. Oral sepsis should be removed. If not, especially when alkalies are given and free HCL is neutralised, the bacteria that are taken in have no agent to kill them.

As regards anaesthesia, spinal anaesthesia, is probably the safest. In the post-operative stage, sedatives, fluids per rectum and if necessary venoclysis. At the end of three days, glucose water in sips are allowed, to be followed later by citrated milk, milk and bread and later buttermilk and rice. From the time milk and bread is given, it is wise to start giving the alkaline powders or an alkaline belladona mixture. The patient should be instructed to a restricted diet and to continue the alkaline powders for a period of at least three months after operation. General tonics multi-vitamin pills etc. may be prescribed if necessary.

Next we will deal with certain new experimental work which are still in the trial stage. The value cannot be assessed as yet. Trials are being conducted with protein-hydrolysates. Patients are fed on these mixtures of amino acids with a certain quantity of milk and fruit juice at regular intervals combined with anti-spasmodics like atropine. Results so far indicate clinical improvement in that, pain disappears, vomiting stops and the patients put on weight. The duration of treatment has been fairly short and such a strict "rest in bed regime" as in the original Sippy method is not enforced. It is too early to say whether the results obtained can be classed as permanent cures or only as relieved.

In Chicago, Dr. A. C. Ivy is trying an extract prepared from hog gut which he calls entero gastrone. This stuff is available only in very small quantities and is therefore very costly to prepare. So far I believe only less than a 100 persons have been treated and the result has not been assessed properly yet.

As we are in an atomic age, it is no wonder that radio active substances are now being used to try and heal petic ulcers. Long and complicated processes are involved, complicated apparatus has to be used and this line of treatment is still in the experimental stage.

Still another new line in treatment is the use of a combination of magnesium oxide with sodium carboxy-methyl-cellulose which is said to coat the stomach lining with a protective layer and which counteracts acidity over a long period.

One should always keep in mind the human approach to this problem.

A chronic dyspeptic is a very unhappy man indeed. The duty of a physician or a surgeon lies in approaching the problem with an idea of treating the patient as a human being and if possible to cure the disease at the same time. A cure of the disease, however scientific it may be, if it is accompanied by the loss of human life, is really no cure at all. Though the complete solution of the formation, course or cure of peptic ulcer is still unknown, we as medical men can do a great deal to relieve the suffering. Success probably lies in the combination of early recognition of the disease and a diligent scientific research, into the problems connected with peptic ulceration.

Hygienic Principles in Ayurveda

A LECTURE.*

BY

VAIDYARATNA PANDIT M. DORAISWAMI AYYANGAR A.K.A.C.

1. Hygienic principles in Ayurveda are related to both the physical (bodily) and the mental aspects of the human system. It is considered as of use for the well-being of the present as well as the future life of one's existence. The vedic and the medical works are unanimous in this respect.

2. The popular belief that hygiene *(sowcham)* refers simply to that of washing the anal and urethral orifices after defaection and mictuirition is absolutely incorrect. Sowcham comprises the cleanliness of the entire body—external as well as internal—and mind.

3. Bhavamisra says that happiness results only when we have external, internal and mental purity.

4. Chakradatta affirms that external hygiene can be observed by means of pure crystal clear water or by water which contains *Ushaksharam* (alkaline salts) or by decoctions such as that of Amalaki etc. and mental purity by earnest and careful control of the Rajasic and Tamasic aspects of one's behaviour.

5. Agnivesa says that good people always welcome persons with clean body, neat dress, combed hair, pared nails and a pleasant cheerful countenance. A man filthy in his dress, food and body becomes a victim of ill-health and is shunned by decent people living cleanly. A tamil proverb says that even if one has torn clothes they should be washed and then worn.

6. A man's personality, good behaviour, venerability, and brightness of appearence are all considerably improved by a careful dress and helps him to win the favour of others. Kalidasa in describing King Dilipa and his wife Sudakshina says that they presented

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before their Guru Vasishta—well-dressed, clean and with great modesty, so as to get his full grace and blessings.

7. Ayurvedic books as well as the smritis of Parasara, Yajnyavalkya and others clearly state in detail the routine to be followed daily, from getting out of bed by 4·30 A.M. (Brahma muhurtam), attending to the daily duties, and observing the rules of cleanliness, till he goes to sleep and wakes up next day.

8. Charaka warns us not to have the misconception that purity is confined only to the ablutions after attending to the calls of nature, but extends to all other outlets of the body as mouth, nose, eyes, ears genitals and the entire skin of the system, that secretes sweat and sebum.

9. It is the opinion of Rajavallabha that when the excretory organs are well cleaned, a state of mental clarity and alertness set in, prosperity grows from day to day, all evils tend to disappear, and a long span of life is attained.

10. Smiritis are very particular regarding the places where one should attend to the calls of nature. Such sites should be far away from any tank, stream, river or any other sources of drinking water, preferably on the outskirts of the village or town far from any roads or foot paths.

11. The achara-kanda of Dharma sastras say that teeth should be cleaned daily with the twigs of medicinal value as those of margosa, banyan and such trees having gummy exudations, tongue scraped by the pliable ribs of the leaves of mango etc., the entire body bathed in good water and the feet washed everytime we return to the house from outside.

12. Smritiratnakara enjoins *achamana* (sipping water thrice uttering names of the deity), after cleaning the mouth, nose, eyes, and ears. Water used must be free from all filth and froth. In vedic rituals Pranayama (deep breathing) and achamana are frequently enjoined.

13. Brahaspati Samhita has several injunctions regarding the hygiene of social contacts. Eating amidst crowds, partaking of foods that might have become impure and unwholesome due to handling by many, and intercourse with dirty and diseased persons, are all prohibited. Pure atmosphere even if solitary has to be preferred.

14. Sukranithi has some very good rules that have to be scrupulously followed by persons intent upon purity, cleanliness, healthy-living and long life. Thus they should avoid the following—use of seats, beds, clothes, footwear etc. used by others, laughing aloud, coughing or sneezing or yawning near a neighbour without covering the mouth, spitting or blowing the nose indiscriminately anywhere and everywhere and rubbing aginst each other.

15. Agnivesa and Charaka say that one should be very careful in his food and drink especially if he wants to maintain purity. These should neither be excessive diminished nor qualitatively bad. Other wise amadosha develops in the system. Here imperfect products of food digestion circulate in the tissues. Putrid gases form in the bowels. Patient loses appetite for food and he feels heavy. Eyes get yellow.

Weariness sets in, complexion becomes pale, bodily strength is lost, insomnia or excessive sleep are noted, cutaneous eruptions or abscesses develop and mental depression results. System needs a judicious use of purgatives, emetics, and starvation for the restoration of its health.

16. Some interesting points are stated by Charaka for the purification of blood. Ama dosha mentioned before should be completely eliminated. External purity has to be kept up. Rajoguna of the mind as is found in cases of excessive anger, greed and hatred must be put down. Blood letting may sometimes be needed. Vagbhata says that when a man's blood is pure, his complexion is beautiful, sensory organs active, appetite and digestion good, urine and motions properly excreted body well nourished and there is a feeling of optimism and joy in life.

17. Dandin in Dasakumara charita proclaims "Lust, rage, jealousy and other violent emotions fill the hearts of wicked person even as dirt, debris filth and poisonous things find way into an old unused well. Such people do evil unto many in the world. Their company is a room for many troubles and sufferings.

Again in Gita it is said that while ignorant persons revel in immediate pleasures and get into their clutches, wise men shun them due to their mental purity.

Mental impurity disturbs not only the equilibrium (satvic guna) but affects the body-as-a-whole i.e. blood, tissues, brain, and other organs as well as the three **doshas** Vata, Pitta and Kapa.

In this connection there is no second opinion between the ancient and modern physicians. Thus Dr. Alexis Carrel says in his book *Man the Unknown* "Envy, hate, fear, and jealousy, where these sentiments are habitual, are capable of starting organic changes and genuine diseases. Moral suffering profoundly disturbs health. Emotions as is well known determine the dilatation and contraction of the small arteries and chemical changes in the blood through the vaso motor nerves".

An ancient author puts it well when he says that instead of cleaning the body with water it is far better to purify the mind by having recourse to the precious virtues of truth, self-control and compassion to all creatures.

18. To the ancient physician medical practice was not a business problem. It always meant a selfless service. Every patient—rich or poor—was equal in the eyes of a doctor. Same treatment is given to everyone, disease alone guiding the methods. Agnivesa appeals to all intelligent people that it is an essential qualification for a medical man to possess that kind of mental purity which makes him rush to the relief of a patient without any thought of a monetary return.

Punarvasu Atreya noted for his compassion and charity to all creatures remarks that medical aid when prostituted for money without any sense of duty either for this world or for the next, is a source of mischief, which disturbs the well being of a person, both in this life and the life to come. This is because of greed which is the main causal factor for all misery, restlessness and troubles.

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Professor of Ayurveda

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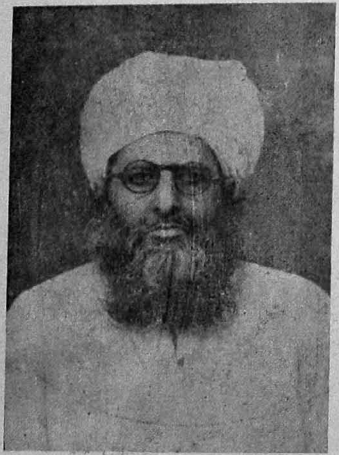

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19. This view is also very well expressed by a modern medical man named Dr. E B. Foot in his cyclopaedia of popular medicine. He says, "The finny inhabitants of the sea have sharks among them. On land there are beasts and birds of prey. The human family is not exempted from these analogical specimens. There are vampires among all classes, trades, and professions. Sharp practice in trade especially in medical profession, however produces no immediate effect upon any thing except the pocket. The physician who prostitutes his profession by frightening the patients and picking the pockets of the sick, places himself on a level with those monsters, in human shape. "Your money or your life" is the ejaculation of the high-way man and it is morally and practically the demand of the rapacious physician."

20. Last but not least is the fine example given by Charaka to elucidate the evil effects of greed. Deeply drowned in its depth, a person loses his happiness, breaks his heart, blinds himself to the distant vision and fails to comprehend the real aspects of truth. Thus silk worms that spin the silken thread prized as finest for an apparel, wind the material round and round their body in joy, haste and love. They comfortably lie and sleep in them absolutely unaware of their fate when a human being collects all these cocoons boils them and winds the silk for his use. Similarly in this world, a greedy person goes on accumulating wealth imagining that it will give him all the required pleasures of the earth. Oftentimes he dies suddenly leaving everything to his progeny without having enjoyed any of his hard earned wealth. Or others drag him into troubles and he becomes a victim of foul-play which may cost his limb or even his life.

Thus the science of Ayurveda enunciates the principles of hygiene from every point of view taking human-being in its entirety—Body, mind and soul—irrespective of time place and person. It is the science of Health as well as of Disease It tells the methods of getting pleasure to the healthy and removal of pain to the sick. It can be read even as a literature, as the books are all written in classical language with all the features of a high class poetry prose and drama. One will be thrilled by their diction, ideas and analogies. We will have a great achievement for the Independent India if we can make this priceless treasure bring peace, prosperity and happiness to the struggling humanity in the present age and stage of its evolution.

Modern Training for Village Vaidyas

A Lecture

BY

DR. A. LAKSHMIPATHI, B.A., M.B., C.M.

Dr. A. Lakshmipathi, Organising Secretary, All-India Ayurvedic Congress spoke on the importance of giving Modern Training for Village Vaidyas at a meeting of the Village Vaidya Students Association held at 5 p. m. on 4th April, 1950 at Government College of Indian Medicine, Madras. Dr. M. Parankusam Principal of the College, who presided, said that Dr. Lakshmipathi was the originator of the Village Vaidya Training Scheme and that through his persistant efforts the scheme had now come into action. Dr Lakshmipathi said that the importance of the Village Vaidya could not be over estimated. It was most urgent from the military point of view. The utility of the services of Village Vaidyas was demonstrated most clearly in war time than in peace time. When the whole country was blood white by drawing away into the battle fields almost all the doctors of Western Medicine, the people in the Villages of India did not feel their absence during the last two wars. The gap was easily filled up by the Indigenous practitioners who were always there to serve them. This fact must be fully recognised by the Central as well as provincial Governments.

Now we are an independent nation. The services of all the medical profession including those of the Vaidyas will be required during peace as well as war time. Look at the sudden disturbances caused by the communists in the remote Villages. Who is there to help the unfortunate sufferers? It therefore needs no argument to say that the Village Vaidyas should receive up to date training and that they should expand their knowledge, so as to be useful in emergencies, such as epidemics, famines and wars.

A Minimum Qualifying Standard

The Scheme of giving Modern Training to Village Vaidyas is an All-India question. We must have a uniform minimum qualifying standard not only for the whole of India but also for maintaining international standards. Therefore the syllabus has to be uniform for all provinces and countries. A Village Vaidya may know more in one subject but he must have a minimum knowledge of certain essential matters of international importance.

Superiority of Ayurveda

Dr. Lakshmipathi said that Ayurveda was a great science. The Science of Ayurveda is great because it is capable of assimilating into itself all the modern scientific advances. But, we must fully realise the importance of sound Ayurvedic teaching before we try to integrate the modern advances into the practice.

of the Village Vaidyas. The Superiority of Ayurveda should not be under estimated.

Dr. Lakshmipathi gave a few instances as to say why the superiority of Ayurveda should be maintained, while they got their modern training.

Mental Outlook to Prevention and Treatment of Disease

Ayurveda teaches that a human being is an inseperable combination of the body, senses, mind and the soul.

Sareerendriya Satwaatma Samyogah Ayuh

This is now called the Psychosomatic concept of man. I—ego-or self is not the body. All Hindus believe that, although the body perishes, the soul is eternal. The other constituents of the human body, namely, the senses and the mind are the connecting-links between the body and the soul. Pain and fear are due to the contact of the soul with the body and its environments. The man should be considered in his whole set up. It is one of the duties of the physician to infuse courage, in times of danger, and to make the patient to feel happy in spite of all pain and fear of death. A good physician, who has faith in God and who is well trained in his art can do this in a most effective way, while a mere materialist doctor cannot do. The real secret is to make the patient get a clear conception that the soul is eternal and that death is only like changing old clothes for new. All agony and fear of death vanishes as soon as one feels that he is bravely performing his duty (Dharma) in spite of all peril. Faith in God helps a great deal in maintaining that attitude. Prayer is one of the best means of attaining this end.

When we were little boys, Cholera was waging in our village. We were already taught that if we repeated the sloka,

Aapadaamapahartaaram
Daataram Sarvasampadaam
Lokaabhiraamam Sreeraamam
Bhooyo Bhooyo Namaamyaham.

We did not know what the meaning of the sloka was. But, we knew that if we repeated the sloka all fear of danger would vanish. It is now well known that courage has much to do in creating immunity even against certain infective diseases. The Ayurvedic Physician should not give up his faith in the methods of such mental treatment already adopted by him by his traditional training. Gandhiji's universal prayer was,

" Raghupati Raaghavaraaja Raam
Patita Paavana Sitaaraam
Iswara Alla Terenaam
Subko Sum Mati De Bhagwaan".

This should be adopted by Vaidyas as a part of their modern training in order to infuse courage in mass treatment, in times of danger.

Maternity and Child Welfare

In the matter of bringing up an infant, who has no mother's milk, the people should not run for artificial foods.

They should try and get a wet nurse as far as possible from the same Varna (clan) because we believe even the human milk transmits certain mental and physical properties to the child. In fact, it is now realised in child-welfare centres that

even the emotions of the mother or the nurse—anger or joy etc., count in maintaining the appetite of the child and proper assimilation of the food. Supposing that a suitable wet nurse is not available, goat's milk should receive the next preference according to Ayurveda. Cow's milk comes only next to goat's milk. Artificial baby foods were also known in India but they should occupy the last place.

"Aajam Gavya Madhaapiva"

Aastanya Paryaapte". Susruta.

The feeding of the infant must simulate the feeding by mother's milk both as regards the quality, quantity and the periods at which the infant has to be regularly fed. A short line in Sanskrit contains a volume of valuable information.

In my practice, I used to prescribe goat's milk for the infant and also send a goat to the patient's house as we dispense a medicine. The goat not only fed that baby but it also gave kids which helped to feed the subsequent babies of this mother and babies of neighbours. It is thus a paying proposition. The money spent on artificial foods in one or two months is enough to purchase a goat with a kid. You Vaidyas who have influence in the villages should help to restore some of these healthy traditions. We will also be helping the greatly needed grow more food campaign.

Urgent need for Spirit of Sacrifice

Dr. Lakshmipathi then exhorted the Vaidyas to develop the spirit of sacrifice, that is the backbone of their popularity. He said that they should all stand up—Uttishta Parantapa-like Arjuna in the battle field in order to fight the war agaist ignorance poverty and disease. There is no greater pleasure than performing one's duty for the country and humanity.

Is It All Imagination

BY

DR. C. DORIRAJ H.P.I.M.

When we read the Indian (Hindu) Epics, Ramayanam and Maha Bharatham we come across various feats which many take to be poetical fancies. I shall mention here a few of those many things. Ravana flies in the air; Rama is revived by the smell of Sanjivi; Mareecha in the shape of a golden deer deceives Seetha and eludes Rama away from her. In the war between Rama and Ravana soldiers spring up from what appear to be pots. The Nagasthra shot by Karna springs out into the air takes off the crown of Arjuna and goes back to Karna. Arjuna lets out an arrow which makes holes one in each leaf of a tree. By shooting arrows quickly and continuously Arjuna is capable of seeing that no drop of rain falls on the ground and destroys the fire of the forest.

Coming to the ancient books of Science that still exists we learn that sound is the primarily Sukshma-

Bhootham from which the other Sukshma bhoothas have evolved and by their combinations (Panchi Karanam) the sthoola pancha bhoothas have come into existence. It is also said that every atom is in constant motion. We read in Tamil literary books that by playing on Veena, Agastya has caused the stones of the earth to melt. By playing on musical instruments the uncontrollable elephant that runs amok is subdued. By music the doors are opened and it is again by music that birds and elephants that come to eat and destroy the corns in the field are lulled to sleep.

We read in Tamil medicial books that the fine sense organs of the body, ear, skin, eye, tongue and nose appreciate the sound, touch, colour, taste and smell respectively because those organs consists of the corresponding bhoothas in greater proportion. To put it in short self recognises self.

Agastiar tells us that Vindhu passes into the Nadham through a space which is closed after its entry. On the first day after the combination of the two, the Nadham is of the mustard shape. On the second day it appears like a coriander (c f. the mataphase stage of a cell division). On the third day it looks like a pepper (perhaps it corresponds to the morula stage). On the fourth day it looks like the seed of a broad bean. On the fifth day it is like a water bubble (which may correspond to the blasto-cyst stage of the embryo) and so its day to day development is described by comparison.

We read that the Tamils were adepts in the manufacture of textiles and they manufactured fine flannel from even rat's hair. Where are those fine muslins and other textiles? At this stage I am not in a position to explain how they have accomplished those things or demonstrated them. Merely because I am not in a position to do so it should not be said or be construed as mere poetical fancies and imagination.

Even for such imaginations there must be some back ground. Because Jules-Verna had seen the ballon, he imagined one can go round the world in eighty days. Having seen the aeroplanes, rockets, under ground trains and the advance of sciences H. G. Wells has imagined that people can fly to other planets and live in under ground cities. Suppose Russia, America and other countries are completly destroyed as our ancient (Tamil) country was destroyed by deluge, a few that may survive would give us various stories and the neighbouring countries would describe them in various manner. But none of them would be able to prepare and demonstrate the atom bombs or the hydrogen bombs and other things which were known only to them who were destroyed.

On that account one can't say that those things did not exist. Our vast country had been completely destroyed, and so we are not in a position to manufacture and demonstrate what all has been told in our books which have been compiled by a few survivors and neighbours. Since we have seen that a few of the so called imaginations have been proved to be facts by Westerners, let us not still continue to say or even imagine that what all had been said and described in our Epics, literature or books of Science are mere poetical fancy, imagination or unscientific. It is not for the wise to dismiss them as useless but to think, search and strive hard for the ways and means to prove them to be facts.

FAD—ZAHER

By

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Asst. Lecturer Govt. College of Indian Medicine.

Definition:—"Fad-Zaher" is otherwise known as "Baz-Zaher". The literary meaning of "Baz-Zaher" in Persian is preventive of poision or antitoxin. (i.e., Tiryakh).

In Arabia this drug is known as "Hajrus-Sam". The literary meaning is stone for poisons or toxins,

In Tamil, the same drug is known as "Vattai-Gorrojanam".

It is a type of medicinal stone which was first discovered in Perisa by one Aghnosh.

ORIGIN

Varieties and Sources

There are two main varieties of "FAD-ZAHER", namely:—

1. FAD-ZAHER-HAIWANI.

2. FAD - ZAHER - I - MADENI (ZAHER-MOHRA).

Fad-Zaher-I-Haiwani: It is that Fad-Zaher (stone) which is taken out from the intestines or gall bladder of the animal, such as (a) Khanfas (b) Buzai-Kohi (wild sheep) (c) Monkey or Ape (d) Wild Stag (e) Wild Cow.

Khanfazi: This type of Fad-Zeher-I-Haiwani is taken out from the duodenum or gall Blader of an animal which is known as Khanfas or Fanfas. It resembles a camel. This animal is found on the mountains of islands of Batavia and Java. This has been investigated by English Medical experts. It is of a very good quality.

Maimuni: It is that type Fad-i-haiwani which is taken out of the intestine of an Ape (Monkey) found in the island near Indian Ocean and Yellow Sea. It will be yellowish in colour. It is very costly. In olden days the Kings and the rich people used to purchase it for thousands of rupees and keep it along with their Diamonds and Pearls stock. It is equally good both in action and effect when compared with the Fad-zaher-i-haiwani taken out from the intestines of the sheep or camel found near the jungles and mountains of Shabankara (a place in persia), which also takes in snakes like Cobra etc. in its diet.

Buzai-Kohi: It is a type of Fad-Zaher taken out from the Duodenum or gall Bladder of a wild sheep found in the jungles of Shabankara. This is a genuine quality, because this animal takes in snakes along with its usual diet and when it feels the poisonous effect of the snake poison it at once eats a particular herb called 'Mokhliasa' which has a strong anti-poison power and this herb grows in abundance on the mountains of Shabankara. Thus the matter (mada) prepared out of these herbs after digestion is deposited

every now and then on the undigested particles of small pieces of stick or seed of date etc., which had been taken during grazing and remained in the intestines undigested. When this deposited matter is removed from the intestines of the animal after its death (either by natural death or by killing) it will not be hard, and it will have different shapes. In some cases if this matter is deposited on hair (which was eaten away by the animal during grazing) and when it is removed from the intestines and broken into two or three peices we will find some hair in the interior part of it.

Later on it was discovered that Fad-Zaher-i-haiwani is also found in the intestines or gall bladder of some wild cows living in the jungles and mountains of certain parts of India such as Andhra Desa and Deccan. This cow also takes in snakes along with its usual diet. In the same way as it is mentioned above if the animal feels the poisonous effect of the snake, then it takes in that particular herb (Mukhlisa) which has got the anti-poison effect. It is not of a very good quality because during trial it was not proved so effective as the above-mentioned varieties. It is also not costly when cempared with that of the above. In some cases it will be as big as a hen's egg.

Physical Properties

Size: The peices of Fad-zaher-i-haiwani may be big or small. In some cases it will be as big as a hen's egg. In some cases it will be so small in size that an unbroken piece weighs about 2 grains. It has got layers just like onion, one over the other. It is said that as soon as it is removed from the intestines of the animal it will not be hard but soft. When it is exposed to air it gradually becomes hardened.

Shape: It will have different shapes—round, rectangular hen's heart-shape. Usually the shape of this stone depends upon the particle of food remaining in the intestines undigested on which this matter deposits. As this stone will not be hard but soft immediately after taking it out of the animal, some persons, if they want to give it their desired shape, put it in their mouth, roll it with their tongue and make it into any shape they desire, then expose it to air to get hardened and shining.

Colour: Its usual colour is yellow, blackish, greenish, or olive oil colour.

Test: The test to distinguish between real and artificial stone :—

1. We have to heat a pin and then prick the stone with it. If the pricking point of the pin becomes yellowish and a little yellowish smoke comes out, then we can be satisfied that it is a real one. If on the other hand the smoke is blackish or reddish and the pricking point of the pin becomes reddish or greenish then it is not a real one.

2. When the Fad-zaher-i-haiwani is dipped in a cup of milk, after some time the milk becomes semi-solid like curd.

Signs to make out the animal possessing the Fad-zaher.

The signs which are found in the animal possessing this stone are, that the animal will become thin and lean, but will be very strong and active. The animal will be aloof and away from its fellow animals. The animal will take in snakes along

with its usual diet. The animal will have intense foam in its mouth.

Fad-Zaher-I-Madeni. (Zaher Mohra.) Definition.

Fad-zaher-i-madeni is also called Zaher Mohra.

It can be classed as one of the varieties of mineral. It is usually found in the mountains of China, Khata (Eastern - Turkistan) and in many parts of India like Ajmere, Deccan. It is also found in the mountains of Madina (Arabia), Afghanistan and Mesopotamia. But out of these places mountains of Khata (Eastern Turkistan) produces the best quality of Zaher Mohra, hence it is called Zaher Mohra-i-Khatai. It smells sweetly, has got good taste and attractive in colour, even the touch of it is soft and smooth. These qualities form one of the means to distinguish it from the other stone of the same species. But the more the above qualities are found in the stone the better will be the action and effect. The second sign of its identification is that when it is grinded along with opium or neem leaves it removes and suppresses the bitter taste in both cases.

It is said that this stone has got several colours green, yellow, greenish, yellowish, white brownish, blackish, and black.

Temperament of both the varieties of Fad-Zaher.

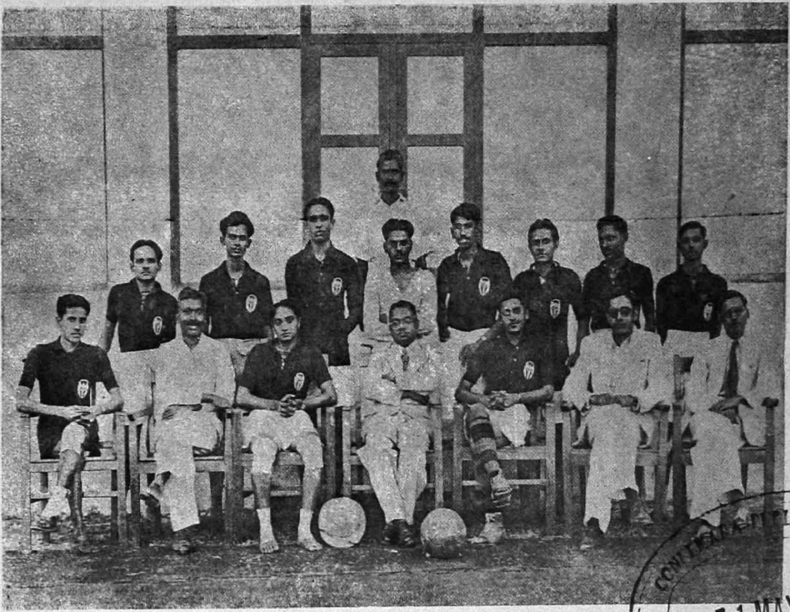
The temperament of both the varieties of Fad-Zaher viz. HAIVANI and Madeni is same i. e. 'GARMO-KUSHK' of second degree (hot and dry). Opinions differ with regard to the temperament of Fad-zaher-i-Madeni, some say that it is hot and dry i. e. ('GARMO-KUSHK') while others take it to be cold and dry i. e. 'SARDO-KUSHK'. But majority of them agree that it comes under the category of 'Garmo-Kushk' of second degree. According to Unani system of medicine the temperament of any single drug is classified into four degrees:

1. The drug having the first degree of temperament, if used by human beings only in small quantities and occasionally will produce no effect at all.

2. Whereas the drug having the second degree of temperament will affect the human body though taken in small quantity and not frequently, but it will not have any bad effect.

3. If a third degree temperamental drug is taken, though in small quantity and occasionally too, will have harmful effect but not fatal one.

4. When a drug of 4th degree is taken in it will produce a very bad and harmful effect, sometimes even fatal to the human life.



FOOT-BALL TEAM, 1949-50

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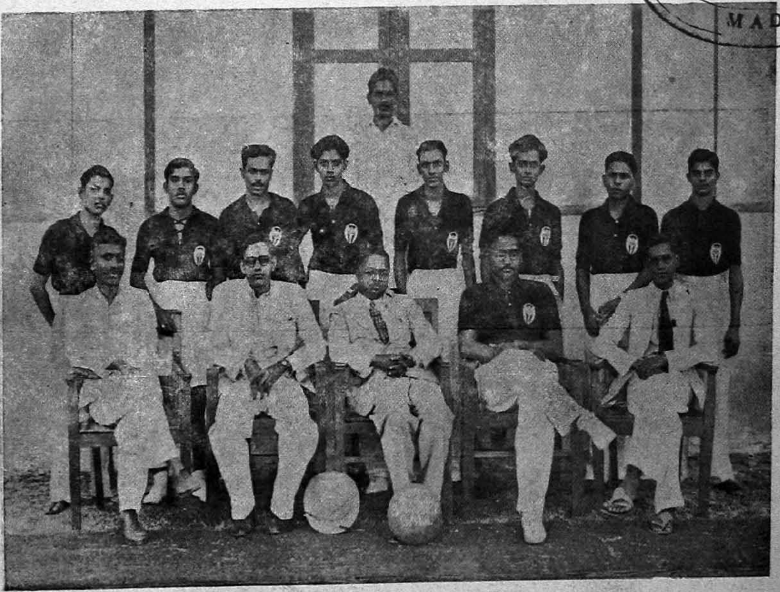
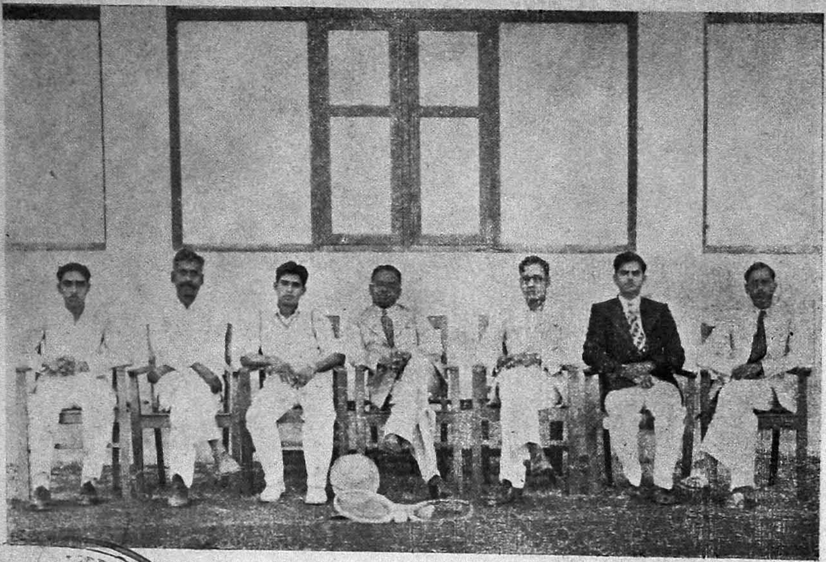


BASKET BALL TEAM, 1949-50



TENNIS TEAM, 1949-50

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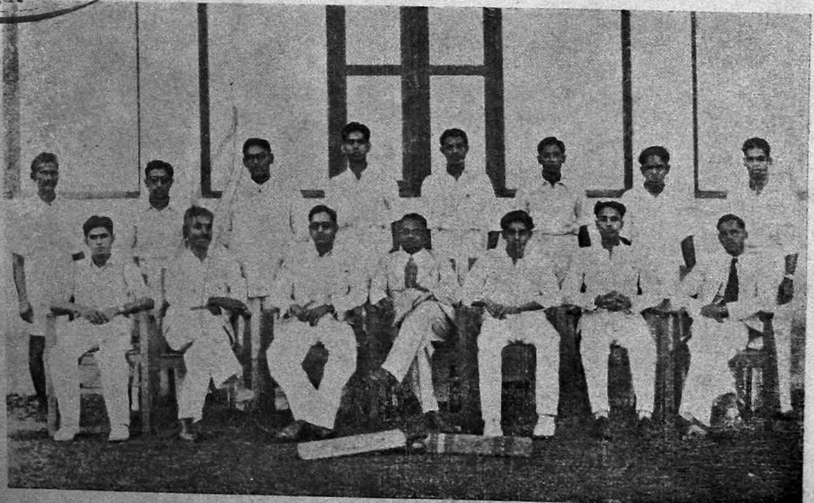

CRICKET TEAM, 1949-50

VOLLEY BALL TEAM, 1949-50

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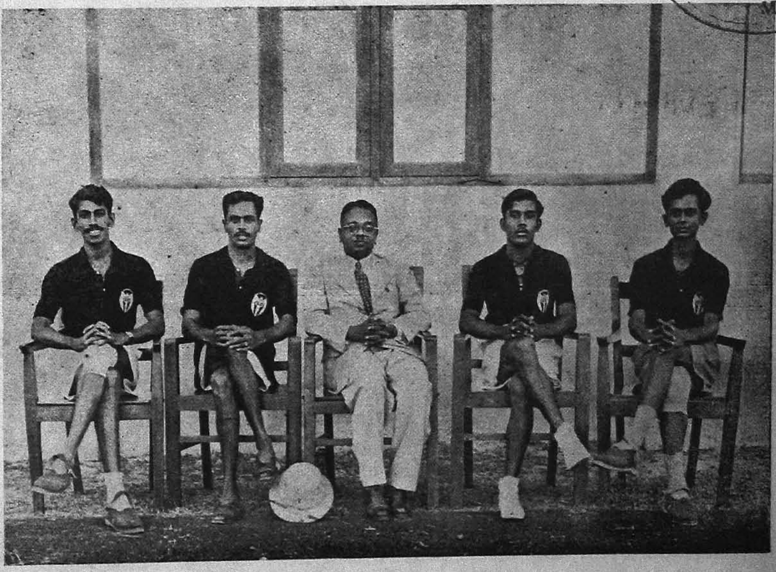

RELAY TEAM, 1949-50

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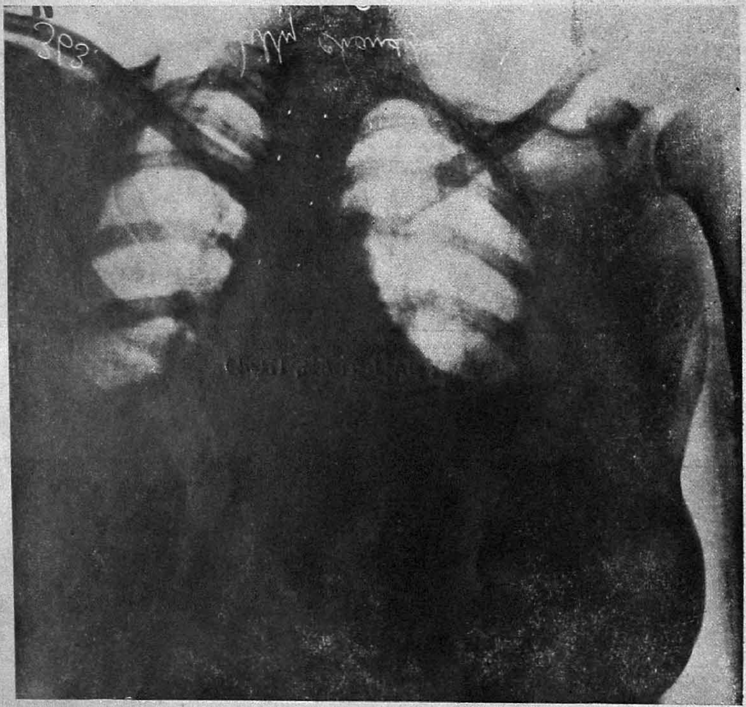

X-Ray—Heart and Lungs of a case of Pyrexia Complicating Puerperium,
By DR. H. K. MADHUSUDHANA RAO.

A Case of Pyrexia Complicating Puerperium

BY

DR. H. K. MADHUSUDHANA RAO, M.B.B.S., D.G.O.,

Asst. Professor Govt. College of Indian Medicine.

A woman aged about 28 years, second para, was admitted to the maternity ward of this hospital on 3—1—1950 at 2-30 P.M. for dyspnoea, pyrexia and precordial pain of two days, duration.

Previous History:—She was admitted in the Government Hospital for women and children, for antipartum haemorrhage, and was there told that she had high blood pressure. She delivered spontaneously a still born child at 36 weeks of pregnancy. Puerperium was normal. She was discharged from the hospital three days prior to admission to this hospital. History of previous child birth revealed that it was also a still born.

Family History:—Nil relevant.

Present illness commenced two days prior to admission with dyspnoea, rise of temperature and pain in the chest. She had blood stained discharge per vaginum which was rather offensive. Micturition and bowels were regular.

On examination, the patient was seen dyspnoeaic, had to be propped up in bed with a back rest, tongue coated, pale, moist, pulse rate 98 with fair volume and tension, temperature 100°F and respiration, 28. There was a slight degree of oedema of both the lower extremities. Left border of the heart was ½ inch outside the midclavicular line in the 4th left intercostal space. Heart sounds were slapping in character, and no murmurs could be heard, Both bases of lungs showed diminished resonance at the back with diminished air entry, and no adventitions sounds. Liver and spleen were not enlarged. Uterus was involuting properly. No tenderness or any other mass could be felt in the abdomen. No ascites. Nervous system was normal.

Investigations.

Urine: Acidic, sp. gr. 1020, No albumin, phosphates and few pus cells seen.

Blood: Hb-60%, R.B.C. count, 3·5 millions/cm. Total W.B.C. count 19,800/cm. Poly. 35%, Lymphocytes 61%, Eosinophils 2%, Monocyte 1%.

B. P. 130/100.

Sputum: Repeated examination showed no acid fast bacilli.

Progress and Treatment.

4—1—50.

General cendition fair, Patient is dyspnoeic, temperature 102°F., pulse 122, Lochia slight, not offensive.

Tinct. Digitalis. m xxx

Mix. Alk. diuretica ad oz. iii

oz. 1. T.D.S.

Mersalyl-2 c c 1. M.

Mix. Ferriet Amm Citras: oz. 1. T.D.S.

Restricted fluid intake

5—1—50.

General condition same, passed fair amount of Urine, pulse 120, temperature 102° F. precordial pain, pain in the middle of left side of back, streaks of blood in the sputum.

Repeat Mixture.

Morphia ¼ gr. s. c. I.

6—1—50.

Streaks of blood in sputum more, dyspnoea more marked pain in the back, tenderness over the back in the mid-zone elicited. Lochia-scanty.

Pulse 124, Temperature 103° F.

Repeat mixture,

Aminophyline 10 c c. I. V.

penicillin 40,000 units every four hours.

7—1—50.

General condition, slightly improved temperature 99° F. Pulse 88, Pain and tenderness tn the back more. Lochia very scanty. Haemoptysis present.
Penicillin alone was continued.

10—1—50.

Pain and tenderness in the middle of left side of back more marked. Diminished resonance bronchial breathing over the left mid zone, over the back, Diminished resonance over both bases, temperature 101.4° F. pulse 108, B.P. 100/70.

Penicillin continued,

Cibazol tablets 8-2 every 6 hrs.

Mix. Expectorant sedative—oz. 1.

T.D.S.

13—1—'50.

General conditions same, temperature 101 F. Blood sedimentation rate 144 mm per hour.

Sputum: Negative for acid fast bacilli.

X Ray Chest: Right lower zone slightly opaque, left lower and lower half of midzone shows diffused opacity. Heart: transverse diameter, slightly increased.

Penicillin continued

Cibazol was continued

Cal. gluconate 10 cc 10% IV

15—1—'50.

Gneral condition low, Pulse 100—temperature 100, F., Pain and swelling in the back persisting. No blood in sputum, sleepelssness, headache and cough present.

Penicillin and cibazol continued

Glucose 50 cc i.v. twice a day.

Antiphlogistin applied over the back

18—1—'50.

Complains of limitation of movements of the neck, headache, sleeplessness, inability to move the right upper and lower extremities, temperature 101 F. pulse 110, abdomen nil abnormal, Harsh vesicular breath sounds, fine crepitations, heard over both bases. pupils normal in size, reacting to light. No involvement of cranial nerves.

R

Pot. Bromide gr. xxx.

Syrup codein. oz. ii.

Mix Soda salicylus: oz. iii. oz. 1. T.D.S.

Cal. gluconate 10 cc. 10% intravenous

The same treatment is continued.

No sensory or motor disturbance of the extremities. Jerks were normal plantar reflex-flexor.

Blood for Widal:

B. typhosus: 1 in 50 positive
1 in 100 negative

B. Para A. 1 in 50 positive

B. Para B. 1 in 25 negative,

Same treatment is continued. Mouth and tongue cleaned with boric lotion, pot. permanganate lotion for gargle.

20—1—'50.

General condition slightly improved. Limitation of the neck movements, swelling of the left parotid gland noticed. Pain in the back disappeared severe headache and sleeplessness.

Same treatment.

22—1—'50.

General condition improved, tongue coated, moist, no rigidity of the neck, weakness of the right upper and lower extremities. She was talking incoherently.

WBC count 3000 per cm.

RBC count 3·61 millions per cm.

Blood Urea 42 mgs.

Temperature 99 F.

Penicillin and Cibazol were discontinued.

Mixture was continued.

Bowels were opened by enema.

26—1—'90.

General condition better, temperature 100 F. pulse 96, lungs clean, rigidity of the neck disappeared, swelling of left lower extremity, no tenderness, swelling and tenderness in the groin.

Mix. Alkaline Diuretica: oz. 1 T.D.S.

Glycerine Magsulph dressings over the legs.

Hot fomentations,

28—1—'50.

Temperature Normal, general condition fairly good, anaemic, persistent head-ache, diplopia present, weakness of right lower and upper extremities.

Blood for wasserman and Khan taken-negative result. Ophthalmic examination revealed paresis of right external rectus muscle. Vision and functions-normal; Cranial nerves: Normal; No sensory disturbance of the peripheral nervous system.

Paresis of the muscles of right extremities noted.

Knee and ankle and biceps jerks normal. Plantar reflex flexor.

She was not able to move about without support.

Mix. ferri sulph: oz. 1. T.D.S.

Erythrogen—2 cc. I. M.

Bandage to the right eye advised.

Bread, butter, eggs, fruits, ovaltine, milk, etc., included in the diet.

CONCLUSION

The interesting points about the case are the series of complications that the patient developed in the course of puerperium.

1. In the initial stages the symptoms like dyspnoea, praecordial pain, slight rise of blood pressure and oedema, were referable to a cardiac disease. (2) Later on signs

of broncho-pneumonia, with exudation in the pleural cavity became more established. (3) A few days later, the patient developed symptoms referable to the nervous system but as symptoms and signs were not conclusive of meningitis, the condition of meningismus was diagnosed. (4) In the meanwhile, as the patient was complaining of severe headache, sleeplessness, and incoherent speech, diagnosis of typhoid fever and peurperal mania had to be differentiated. (5) Owing to improper hygiene, she developed parotitis. Bacteriological, laboratory and radiological findings, eliminated typhoid fever, pulmonary tuberculosis, meningitis. (6) She had, however, weakness of the right upper and lower extremities and diplopia. (hemiparesis). There was no involvement of the nervous system. Blood Wassermann reaction was negative.

It is to be noted that the patient had practically no lochial discharge in the seventh day after delivery. Presumably the source of generalised infection is from the infected placental site. She had 22 lakhs of pencillin and 16 gms. of Sulphathiazole in the course of treatment. *

The patient was able to walk about freely without any residual paresis and she was discharged in a satisfactory condition.

* N. B.—In view of the clinical condition and by eliminating other possible diseases after studying various reports the diagnosis of generalised puer- peral sepsis was established. The complications like hemiperisis, oedema of the lower extremities might, possibly be due to thrombosis of the veins. 1in 50 positive widal reaction is not corroborated by any clinical features.

A Case of Akshepaka Vatha

(CHOREA WITH RHEUMATIC PHENOMENA)

By

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On the 8th January 1950, a boy, Master V., aged twelve years, was admitted into the Research Ward, in the Hospital, of Indigenous Medicine, for pains in the major joints with swelling and with a temperature of 99° F., profuse sweating, a flushed face and headache. Prior to admission, a fortnight before, he got drenched in heavy rains followed by an attack of fever with generalised bodily pains. This was treated at home and cured. Two days before the admission he had this attack of joint pains and swelling.

The urine was high coloured but not scanty, with a specific gravity of 1010, and a reaction of acidic type. The Hb. was 45%. R.B.C. 3.5·

millions per C.mm. and a slightly increased polymorpho Leucocytosis, was found. Examination of the faeces showed the presence of Ankylostome Ova.

The Heart: The borders were normal and a presystolic murmur was heard at the apex.

The special feature in this case is the presence of accompanying symptoms of Chorea. Most probably the febrile attack referred to in the history of the present illness, was one of the acute Rheumatic fever which was treated, but not completely cured. This must have predisposed to the present attack and the incidence of chorea.

Treatment:—i. Rasna Thailam (Single drug medication) was applied to the painful joints and fomentation (Thapaswedam) was given and the remaining oil was wiped off with a dry towel.

ii Rasna Kashayam 6 ozs, 3 ozs b.d. and iii. Rasna Rasakriya 3 Grs. Vata Gajankusam Pills 2. Sringam Grs. IV. Pulvis 3, one t.d.s. with honey were given internally.

The inclusion of Vatagajankusam was deliberately done, as the case was one in which Chorea was running inter current. Sringam is usually added to almost all types of Rheumatism as the heart is nearly always involved.

The following morning the temperature came to normal to rise again in the evening, to 99·4 F. The pain was reduced and the swelling too, was a shade less. The treatment was continued. The next day, the temperature rose to 99·2, at 12 noon to remain so till 4 p.m. and was normal later in the night Glycerine Enema with one ounce of Glycerine was given and the result was good.

On the third day the temperature remained normal and never rose again.

Gradually the joint pains and swelling disappeared and the tongue was clear, the appetite was good with regular bowel condition. But the choreic movements continued. From the fifth day of admission, he was given, an application of masha thailam for the head and it was rubbed off, after one hour. The other medicines were continued. On the tenth day, the patient complained of a dull appetite and there was no motion. He was given Bilwadi Lehyam ½ teaspoon b. d. 15 minutes before food. Rasna Thailam was applied to the head and body. The next day he had slight pain in the hip. Thapaswedam was given after the application of the thailam. The pain subsided. The Choreic movements were not so marked but became more, whenever, he was accosted either for eliciting some information or merely was addressed.

The movements were clumsy and irregular with slight involuntary movements of the face and fingers. The Characteristic grimace was also present.

The pupils were dilated. The superficial reflexes were unaltered The queer Knee-jerk was markedly present.

Since the acute phase of Rheumatism was relieved completely and since the Chorea needed a course of special snehanam treatment of an

ordered type, the case was transferred to the Pancha Karma ward on 23—1—1950. He was given a course of Thailasekam, (Pishichal) with Ksheerabala. Karpasasthyati Thaila Dhara was done to the head for 14 days followed by a course of pindaswedam (Navarakizhi) for 14 days. Marupathyam treatment of external Snehanam for 14 days was further given During this course of treatment the internal medication with medicated ghritham and Kashayams were given.

He was discharged on 19—3—1950. The choreic movements completely subsided and the patient was able to have a good control of his movements and could walk with confidence and do small errands involving physical effort. His general health also improved. Thus the case was discharged cured.

"Paraffin Pneumonia"

BY

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From British Medical Journal Nov. 19, 1949.

It is not uncommon for cases of Paraffin (Kerosene) poisoning to be admitted to the children's ward of the Salisbury Native Hospital. Since paraffin has many interesting effect particularly on the respiratory tract, I consider it of general interest to describe the clinical feature that such ingestion might produce. Further recognition of the disorder may easily be over looked although doctors practising amongst Africans may be well aware of the consequences of this accident.

The condition is seen particularly among infants living in native compounds where paraffin lamp is used. When the lamp is filled the remaining paraffin is sometimes not emptied back into the bottle but left in a mug. It is not difficult to appreciate the danger of such practice as the crawling infant may easily snatch the container and contents. The child coughs and cries. The mother is alarmed and rushes him to the hospital where as a rule after the stomach is washed out he is admitted for the night.

The infant's condition is usually satisfactory, though there will be some rise in temperature with the presence of a cough. In most cases the child is not very ill; but certain physical signs such as an impairment of the air entry and physical inspiratory crepitations in the affected parts of the lungs may be evident. Dullness and tubular breath sounds will not be present unless the patch is large. In most cases the lesions are found in one or both regions of the lower lobes of the lungs.

A radiograph taken at this stage of the illness about 24 to 36 hours

after the onset, generally reveals areas of "cotton—wool opacities of small irregular size. In the more extensive cases, however, the lesions are lobar or labular in appearance. They may be unilateral or bilateral.

The fever usually lasts a few days the temperature then gradually returning to normal. At the height of the fever the respiratory rate may be increased as well as the pulse. The temperature generally varies from 100° to 103°F. So far I have not encountered any fatal cases or sequelae; all the patients made an uninterrupted recovery.

The differential diagnosis of paraffin poisoning is that of any acute respiratory affection, such as acute bronchitis or pneumonia. Malaria and acute febrile states may have to be considered also.

Illusrive Cases

Case I:—A native female infant aged about 1 year was admitted on February 16. 1949, with a history of having swallowed paraffin a few hours previously. According to her mother the amount consumed was 1 oz. (28 ml). On admisson the temperature was 104° F, pulse 130 and respirations 30. She coughed but no physical signs were observed in the lungs. A gastric lavage was given soon after admission. A radiograph taken on the following day revealed a patchy consolidation in the lower zone of the left lung. The child was given 20,000 units of penicillin three hourly by intravenous injuction and 0·25 g. of sulpha-diazine fourhourly by mouth. The temperature subsided rapidly and two days after admission she had fully recovered and was duly discharged.

Case II:—A native male infant aged about 1 year was admitted on January 1, 1949, with a history of having drunk some paraffin previous night. The mother did not know what amount had been taken but believed it was not much. The child coughed and attempted to vomit. He was a well covered child. The temperature was 99·7°F the next evening it has risen to 101°F. after which it gradually subsided reaching normal a few days later. On admission the pulse rate was 140 and the respiratory rate was 36 a minute, dropping to 134 and 24 respectively after four days. On examination of the chest the tubular breathing was audible in the left base, moist crepitations over the same area being heard later. The rest of the physical examination was negative. The white cell count was 13, 100, with 60% neturophils, 33% lymphocytes and 7% monocytes No malaria parasites were found in smears prepared from the peripheral circulation. On admission the stomach was washed out, when the smell of paraffin was detected. No special treatment such as the use of penicillin or sulphonamides, was given. A radiograph taken on Junary 26 showed a large area of consolidation at the base on the left side with a more extensive zone of mottled densities in the corresponding area of the right lung.

Discussion

The literature especially from America contains a number of references to paraffin poisoning and pneumonia. Barbour (1926 reported four cases one of which was fatal. Another fatal case. was recorded by Higgins (1933) who suggests that the serious sequelae following the ingestion of paraffin are due to pulmonary involvement from aspira-

tion of the liquid into the lungs. Waring (193.) emphasized the frequency of this type of poisoning. Some of his experiments on dogs tended to show that the pulmonary involvement was due to aspirations of the paraffin direct or by regurgitation from the stomach into the lungs. Clinically 9 (39%) out of 23 patients developed pulmonary changes varying from mild bronchitis to a fatal pnuemonia.

Nun and Martin (1934) recorded their findings in a series of 65 cases. These showed that 43% of the cases had aspired some of the paraffin into the lungs. There was a mortality of 9%, all the fatal cases showing evidence of a pneumonitis. Fatalities occurred within the first 18 hours after ingestion. These authors therefore concluded that the prognosis was directly proportional to the amount of hydrocarbon entering the lungs. Their conclusion that all fatalities occured within 18 hours after the ingestion of paraffin was corroborated by Farabaugh (1936) when he reviewed the various reports on cases of paraffin poisoning found in medical literature.

From experimental work on rabbits, Lesser, Weens, and McKey (1943) concluded that the pulmonary manifestations in these animals were due to aspiration of paraffin into the lungs rather than to its absorption from the gastrointestinal tract. No changes were noted in the lungs of rabbits given varrying amounts of paraffin by stomach tube. However, when the paraffin was administered by means of a tracheal catheter, pulmonary oedema and later confluent pneumonia were seen. Of a series of 22 cases of paraffin poisoning studied radiographically, 17 (77%) showed pulmonary changes.

Similar experiments on the action of paraffin on the lungs were reported by Deichmann et al. (1944). After administering it to rabbits by mouth or intraperitonially they concluded that the vascular damage through absorption in the blood stream accounted for changes in the bronchii and that the pathological lung changes of the same character whether the paraffin was given by stomach tube or by intraperitonial injection.

In view of lung manifestations due to paraffin carried by the stream as well as from direct contact resulting from aspiration, these investigators stressed the necessity for early and efficient removal of all traces of the oil from the gastro-intestinal tract in the emergency treatment. They also showed that the percentage of deaths from the same dose of paraffin varied from nil with highly purified paraffin to as much as 60% with less-purified products.

About the same time Scott (1944), reported what he considered to be the first case in the literature of pneumonia, pneumothorax, and subcutaneous emphysema complicating paraffin poisoning. A similar case was recorded by Lavenstein in 1945.

Steiner (1947) paid particular attention to the clinical picture. He claims that there is an acute intoxication with evidence of cerebral depression particularly of the vagus and respiratory centres. In most cases recovery takes place in a few days. Many who ingest paraffin develop changes in the lungs, detectable clinically or radiographically. These changes vary from slight infiltration to more serious complications. Steiner classifies the cases

into three groups on the basis of severity and complications. 1. acute toxicity and depression of the central-nervous system, with minimal pulmonary changes followed by rapid recovery; 2 severe pneumonia and hyperpyrexia with prolonged recovery; 3. severe pneumonia with evidence of degenerative changes in the myocardium, liver, and gastro-intestinal tract.

According to Steiner the central nervous system of infants is sensitive to paraffin. Absorption from the stomach is rapid and likely to produce symptoms within an hour after an accident. These include a rapid and feeble pulse, shallow respirations, cynosis and drowsiness with occasional twitchings. Most infants soon recover from these effects. The lungs however are often involved (Group 1.). In group 2 cases stupor or coma with high fever and more marked changes in the lungs (Confluent-pneumonia) are seen. In group 3 the degenerative effects of absorbed paraffin on the liver, spleen, kidneys, and myocardium are superimposed on the toxicity and pneumonia. He describes a case with auricular fibrillation and flutter.

Stiener discussed the two reasons given for the production of the various syndromes—absorption via the blood stream and or aspiration direct into the bronchi.

Clinically it appears that absorption of paraffiin from the stomach has enough pathological potentiality to warrant its prompt removal by gastric lavage. Yet, while such removal has been advocated in the emergency, treatment the development of gastric hyperaemia and occasional multiple erosions of the gastric mucosa necessitate the exercise of caution during this procedure. In evaluating the outlook Stiener stresses the following:— 1. age - infants are more susceptible than adults; 2. amount ingested; 3. the extent of vomiting and aspiration; 4. the nature and rapidity of the emergency treatment.

Clinically, it is difficult to state whether the pneumonia changes are due to aspiration of the liquid into the lungs in the first instance or to absorption of the paraffin from the stomach and its eventual settlement in the lungs. In most cases the radiograph reveals basal changes, thus favouring ingestion. It will be noticed that in case 1. of the present series the lower zone of the left lung only was involved. This might be considered to favour gastric absorption rather than aspiration direct into the lungs.

Steiner claims that the central nervous system of the infant is particularly sensitive to paraffin but in no case that I have yet seen, has there been any undue central nervous depression.

The Scientific Basis of An Aphorism From Vagbhata

BY

A. KRISHNA, B.Sc.,

In India oil-bath was recognized as an important thing for the maintenance of health and the Hindus from time immemorial practised it as a daily routine and practise it even today. The ancient writers on books of Medicine, Sociology and Eugenics mention the importance of these baths in rejuvenating and beautifying the human body.

Says Vagbhata in Chapter 2:

Abhyangamacharet nityam sa jara srama vatah.

Drishtiprasada pushtyayuh swapna suthwakthwa dardyakruth.

Sirsh sravana padeshu tham Viseshena silayet.

The above verses in Sanskrit convey the following meaning:

"One should take an oil-bath everyday. Oil-bath removes old age, tiresomeness and pain in the body. It improves eyesight and gives flesh to the body. It produces good sleep, bestows complexion to the skin and vitality to the body. To sum up it increases the span of life. You must apply the oil more profusely on the head, ears and feet."

The skin is the largest of the organs that we have and the total surface area of the skin is more than the entire surface area of the epithelial tissue, lungs and the kidneys put together. In lower organisms we find that the skin acts in co-rodination with the other organs in the excretion of the waste materials from the body. In man also the skin functions as an excretory organ to a certain extent in that it eliminates sweat from the body. According to the science of Ayurveda if the malas or excreta are removed consistantly from the tissues they can live indefinitely.. This looks rather queer but the same has been stated in modern language by Karl Simon of Rockfeller Institue, Nobel Laureate. He has demonstrated that the muscle of the heart isolated in tissue culture in the labortory will grow continuously without any tiresomeness or old age if it is washed frequently off its metabolic waste. The oil-bath advocated by our ancients does nothing else than this. It frees the body of the dirt lodged in the millions of minute pores found in the the skin. Thus a perfectly healthy skin may go a very long way in preserving the health of the body. Oil-bath was and is a regular habit only in our country but now-a-days it is also being advocated in Europe and in some countries it is becoming popular. J. P. Muller, a specialist in Physical Culture, advocates the rubbing of the body systematically for maintaining a healthy physique.

Regarding the seceond statement of Vagbhata that oil should be applied to the head, ear and foot in particular, the question naturally arises as to why he chose these parts of the body in preference to the rest.

The head lodges the brain and it is the most important portion and hence in accordance with the "Principle of Counter-irritation" the tone on the brain can be maintained.

by appling oil profusely to the scalp. Further the premature advent of grey hairs on the head is also very successfully combated by rubbing the scalp vigorously with the oil over the head. Coming to the question of the ear Sir Frederick Treves has some interesting things to say about it. The ear is supplied by an important nerve, Arnold's nerve, which is the auricular branch of the vagus. Arnold's nerve has been credited a good deal in connection with the nerve relations of the ear. After a heavy dinner when rose water comes round it is common to see the more experienced of the diners touch the Lower part of the back of the ear with the moistened serviette. This is said to be very refreshing and is supposed to be an unconscious stimulent of Arnold's nerve whose main trunk goes to the stomach. Further it is not uncommon to have a troublesome dry cough associated with some trouble in the auditory meatus. In such cases the irritation is conveyed to the respiratory and cough centres by Arnold's nerve. Also foreign bodies in the meatus may produce sneezing and vomiting. These few examples show that by stimulation of Arnold's nerve, the stomach, the lungs, trachea, etc., which are supplied by the main trunk of the vagus, whose branch is the Arnold's nerve, are stimulated or excited. Thus there is anatomical and physiological justification in the statement of Vagbhata that the ear has to be oiled properly. The oiling of the ear properly will stimulate and tone up the internal organs of the body which are supplied by the vagus e.g. the stomach, lungs, trachea, heart, etc.

Similarly the foot is supplied by the branches of the first, second and third sacral nerves in addition to the branches of the third, and fourth lumbar nerves, etc. It is the pelvic splanchnic nerves of the sacral region that supply the large intestine, rectum, kidney, bladder and internal and external generative organs. And so by toning up the feet the organs supplied by the pelvic splanchnic nerves are also toned up. The principle seen in this is very similar to that of "Referred Pain", where disease in an internal organ is referred to a cutaneous area having innervation from the same source. This is best illustrated by such a homely example as the following. If we want to modify the nature of the water in a tank, it is not necessary that the modifying influence should fall like rain on the whole surface of the tank; it is sufficient that a small stream conveying water to the tank is changed suitably.

Thus by properly applying oil to the head, ear and feet, really we try to tone up the five essential organs in the body, the brain, the heart, the lungs, the stomach and the pelvic organs. Thus the anatomical and physiological basis for Vagbhata's aphorism is definitely established.

Did Vagbhata know this scientific basis when he enunciated these rules or was it merely an accidental observation? I think the great Vagbhata was certainly wise enough to know the rationale behind the aphorisms though he did not write a chapter about it. Perhaps experience and intuition helped him in this affair, just as Cod Liver Oil and Quinine were in use even before the aetiology of Malaria and the pharmacology of vitamins were discovered.

Chemotherapy or Chemical Treatment

BY

C. PURUSHOTHAMAN, B. Sc. (Pharmacy)

Chemotherapy is the prevention or treatment of diseases by specific chemical agents called "DRUGS". These diseases as we know are caused by infective pathogenic organisms, and the drug acts on the pathogenic organism alone and has no toxic action on the patient, commonly named the "Host".

Ehrlrich is the "father of Chemotherapy" and the drugs of Chemotherapeutic importance are drugs of synthetic origin, An ideal Chemotherapeutic agent should have four salient factors viz., (1) a definite chemical entity which can be easily analysed by chemical assay (2) it must be stable in solid as well as in solution forms (3) must be capable of easy administration and (4) must possess as high a chemotherapeutic index as possible. Each Chemotherapeutic agent should have a minimum value for Chemotherapeutic index which is maximum tolerated dose by minimum curative dose. This index being ten or above makes the drug "par excellens" and the index below four, is dangerous to be used without an able Physician's advice.

At the present day Chemotherapy is very popular and inevitable and is divided in accordance to their therapeutic action, into the various categories viz., ANTIBIOTICS, ANTI-BACTERIAL, ANTIMALARIAL, ANTISYPHILITIC, ANTILEPROSY etc. This division of the drugs makes the eager student easy to understand and assimilate them under the particular heads without much of difficulty,

Antibiotics: At the present day there are vast and multiplicity of Chemotherapeutic agents and the most popular, and known to each and every one is the "MIRACLE DRUG PENICILLIN". Penicillin was discovered by Alexander Fleming and was prepared in solid form first by Florey and Chain. Penicillin is given the name "ANTIBIOTIC" since it is an organism by itself and acts on other invading organisms which phenomenon is known as "MUTUAL BACTERIAL ANTAGONISM". Penicillin is a Bactericide, i.e , it kills bacteria as well as a bacteriostatic which stops the multiplication of the organism. More Antibiotics like TYROTHRICIN, STREPHOTHRICIN, and STREPTOMYCIN are known.

Penicillin is only available as a metabolic product synthesised by the mould 'PENICILLIN NOTATUM'. It is extracted from the fluid culture on which the mould is grown by transfer between solvents, and other chemical manipulations. When partial purification and great concentration has been achieved the product is dried in vacuo producing a golden yellow to white powder which is suitable for clinical purposes. Penicillin is available in combination with Sodium, Potassium and Calcium of which Sodium Penicillin is the

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most potent and contains 1666 International Units in one milligram of the powder. (Issued by the British Pharmacopica on the authority of the Medical Research Institute, Hampstead, London). Penicillin is available in all forms of administration as *Injections*, Lozenges, Ointments (External), Ointments for the eye or Oculenta, Lamellae or eye discs, etc.

The various organisms that are sensitive to Penicillin in low concentrations are STAPHYLOCOCCI, STREPTOCOCCI, PNEUMOCOCCI, MENINGOCOCCI, MICROCOCCI-CATARRHALIS, C. DIPHTHERIA, CLOSTRIDIA of Gas-gangrene and Tetanus, B. ANTHRACIS, Spirochaetes of Syphilis, Relapsing fever etc.

The organisms that are sensitive to Penicillin only in high concentrations are H. INFLUENZÆ, H. HÆMOLYTICUS, B. ALKALIGENES FÆCALIS, Coliform bacilli, B. TYPHOSUS, B. PARATYPHOSUS, B. DYSENTERIÆ etc.

The organisms insensitive to Penicillin are, V. CHOLERA, B. TUBERCULOSIS, Viruses of Influenza, anterior poliomyelitis (Infantile paralysis) and encephalitis lethargica.

Antibacterial: Next important and the most popular drug is the "SULPHA" group of drugs. The parent substance is SUPHANILAMIDE, (para amino benzene sulphanilamide). From this parent drug very many drugs are available which are of very great use in cases of BETA HAEMOLYTIC STREPTOCOCCUS, ALPHA or STREOPTOCOCCUS VIRIDANS, MENINGOCOCCUS, PNEUMOCOCCUS etc., The common drugs in the market which are purely derivatives of Sulphanilamide are the ALBUCID or SULPHACETHMIDE, used for Eye, SULPHAPYRIDINE M & B 693 for Pneumonia, SULPHAGUANIDINE for Intestinal Infections, SULPHATHIAZOLE, SULPHADIAZINE, SUIPHAMERAZINE, SULPHAMEZATHINE, SUCCINYL-SULPHATHIAZOLE, PHTHALYL-SULHATHIAZOLE and MARFANIL. Marfanil is a derivative of Sulphanilamide and is the only drug capable of acting in the presence of pus cells. These drugs are all *bacteriostatics* i.e., they do not kill the bacteria but inhibit their growth.

Antimalarials: This group of Chemotherapeutic drugs are constituted by the Cinchona alkaloids (i.e., Quinine, Quinidine, Cinchonine and Cinchonidine—and this mixture of alkaloids is known as TOTOQUIN). PAMAQUIN or PLASMOQUIN, MEPACRINE or ATEBRIN and last but not least PALUDRINE.

Pamaquin is an anti-matarial, synthetic drug from Quinoline. Similary, Mepacrine is an acridine derivative with a long organic side chain. Both the drugs are recognised by the BRITISH PHARMACOPIA. Paludrine a biguanidine acetats seems to be the most popular drug for the prevention and cure of Malaria. CHLOROQUIN and PENTAQUIN are new additions and need more of experimental confirmation.

Antisyphilitic: These drugs are the compounds of Arsenic, Bismuth and Mercury. Penicillin is a new addition to this group, Organic Arsenicals are the trivalent and the pentavalent of which ARSPHENAMINE, NEOARSPHENAMINE, SULPHARSPHENAMINE, MAPHARSEN and CHLORASEN

form the former group while ATOXYL, TRYPARSAMIDE, ACETARSONE and CARBARSONE from the later group. BISMUTH drugs are given as oil suspensions intramuscularly. Mercury is administered orally as liquors and pills and externally as Ointments and Oculanta.

Antileprosy: The anti-Leprosy treatment rests in the common HYDNOCAARPUS or CHAULMOOGRA OIL, the former obtained from the seeds of HYDNOCARPUS WIGHTIANA and later from TARAKTOGENOS KURZII. NOW Sulphatrone or Sulphatriad is used successfully in the therapy of Leprosy. Another drug is promin.

Anthelmentics: Last but not least we come to amoebicidal drugs known as 'anthelmentics.' They are very many individually for the tape, round and hook worms but the most common are the IPECACUANHA alkaloids, EMETINE and CEPHALINE, CHINIOFON, ENTEROVIOFORM, DIODOQUIN, CARBARSONE, ACETARSONE, HEXYLRESORCINOL, SURAMIN SANTONIN etc., Hexyl resorcinal and Enterovioform are very popular.

Thus this little representation of the great branch of Chemotherapy will give the ambitious reader an idea of the major use these agents play in the cure and prevenion of diseases.

A Trip to Kambakkam

BY

K. RANGARATHNAM.

II Year College.

A Hindustani saying is current everywhere that any venture should not commence on any date ending with the numeral eight. We defied that saying and started on our journey on the 18th. of November 1949 to Kambakkam.

In my opinion the name as it is should be changed as these days are noted for the conversion of names. So let us give the name of 'Kadambakkam' to 'Kambakkam' and try to move the proper authorities to effect the change. A better name will be 'Kattupakkam', but I shudder when I think of that name as it is associated with 'Kattupakkam' disaster. Further I do not want to complicate the matters by giving this name as it would create fear among the students and jealousy among the residents of the present 'Kattupakkam'. Let us not digress further.

Our hospital compound was the scene of activity at about 8 P.M. The buses were ready humming and fuming behind to play their role. Seventy persons including women students and staff members mounted the buses. As the clock struck 8-30. the journey began. The journey was uneventful except for the short stoppages now and then for re-

fuelling the fuming buses. Our journey had its first break of its kind when we approached "Thada" border. The place Thada as its name suggests put a break to our journey owing to a breach in the cause way due to heavy rains. Well we had an enforced rest for more than an hour. We had not only the 'Tadai' in our journey but the name of the place also coincided with the predicament in which we were placed.

This 'Hurdle Race' which we never bargined for had to be purchased, and to be overcome. The lady guests were obliged to wade through ankle-deep water; some of them were to be coaxed and convinced, for they feared that they would be drowned in this depth. The other members had to do the Herculian task of making the passage safe for the delicate buses to ply. At last the buses crossed the causeway without any serious injury and were on their journey.

Alas'—before they could traverse a distance of 5 to 10 miles another trouble awaited them. This time it was not a cause way but a wild stream in a mild flow, with no fordable pathway. This time the lady members along with the others were once again in the water. But poor gents this time had not only to wade but also to push the delicate darlings (Buses) with all their mite and presto; the buses were once again on the road after an hour's royal battle and severe struggle and labour, against nature and strength.

The day dawned. And we too reached the foot of the hills. At the stroke of Nine, we filled our machines with our fuel of bread, Jam and Coffee. Soon after this each one engaged himself as he or she pleased and in the merriment that followed each forgot the previous day's mishaps.

The clock struck Twelve and the mid-day meal was served. Each had their heart's fill. Subsequently the order was given to climb up the hill to digest the fill. All except the "Seven" took time by forelock and reached the camp at the top of the hill in time.

The "Seven Musketeers" otherwise can be called as "Unfortunate-Seven", making all arrangements for transportation of the luggages; who like 'Hare' thought that they could climb up quickly and reach the camp in time started at 3-30 P.M. and found to their dismay that they had not completed even half the distance before dusk, They were in a dilemma and were placed in a state of confounded confusion. They were afraid to move in either direction. Darkness and fear began to harass them and they ran—and—ran—for either 'Life'. They had never witnessed or experienced such a running race before; with palpitating hearts, swollen legs, trembling hands, dismal face, aching eyes, weary looks, and all limbs aching and making an appeal for rest. Their appeal was overruled and the musketeers climbed the hill.

Fortunately, for these unfortunates the other members who found the seven members of their family missing, sent a search party. They met them on the way and led them to the abode of bliss. The leader of the party began to check and he felt so happy when he found that all the members were luckily present for the night 'Supper'. The latter was served hot to relieve us from the surrounding cold and chill atmos-

phere. At the request of the tired guests of the party the other 'Nightingales' of the party, obliged them with their melodious music which lulled everyone to sleep. So we spent our 19th in peace.

The Sun rise on the 20th morning was so pleasant that it began to cheer everyone's face. We roamed the hills. Nature presented its beauty for appreciation from lovers of Nature. Every eye feasted, upon the delicious dish served by Nature. The scenery of the place was so beautiful that it presented every amateur photographer a grand feast to quench their appetite by snapping them.

When we witnessed all these things we had a grand conception that we will find many 'Herbs' as in 'Sanjeevi' mountain. But to our dismay we found the mountain to be a mountain, minus the herbs, which we sought for. We asked for herbs but it only gave us stones and expressed its sympathy for our wrong diagnosis and misconception, by radiating its nature's gift.

Disappointment of not finding what we wanted, drove us to play some games. A short entertainment followed, which had its own programme of music both vocal and Instrumental, dancing; etc.

This was followed by the serving of the lunch. Soon after this affair people themselves decided to climb down the hill. Each began to reach the foot of the hills and started to narrate their experiences in the course of their return journey. A nice Hot-Cup of 'Tea' was served. Those who were fortunate had it, and I need not tell about the un-fortunates.

Soon we were served with white Balls (Bakalabath) and brown balls (Puliyodarai) and our appetite was little satisfied.

It was Ten at night. The buses were ready to take us back to our hospital compound. This time students gave a through checking up of the buses. The buses were examined and everyone certified as bonafide and fit to conduct its journey. Unlike the up journey we had a calm return journey. So we reached our destination at 5 A.M. on the 21st morning. All of us went home with few ounces of 'Pindathailam' in everyone's pocket to relieve themselves from various ailments.

In conclusion it may be said that the mountain laboured, and brought forth, not a no-thing, but a mouse, and it is true in our case.

For we started with the blossomed hopes and ideas of collecting 'Herbs' of Medicinal Importance as well as of Botanical interest'. But we ended with a *PICNIC.*

So never make a journey on the dates ending with 'Numerical-Eight'.

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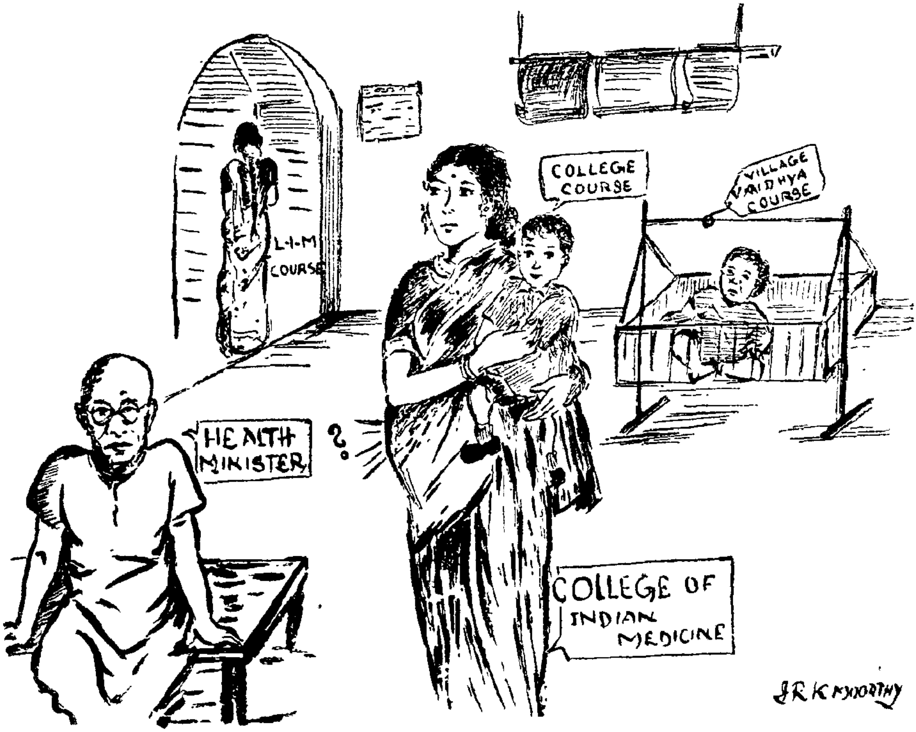
WHAT NEXT?



Our Tradition

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BY

P. GURUSIRONMANI B.A.,

(III Year, College, Siddha.)

Our institution is twenty-five years old and we have just finished celebrating its Silver Jubilee, It is worth while to look back into its past records, which is now a history, to analyse its present, which is a fact and reality, and to visualise its future, which is a vision and an ideal goal. Its past history offers lessons for use in the present and aids us to march into the future. An analysis of this nature will give us "The Tradition", which the instiution had built up so far, and for which it stands.

The scope of this treatise is to answer the following questions:—What really is this Tradition of Ours? With what raw materials is it built of? What is the nature of its spirit and form? How best it could be improved on?

An institution cannot live for a long time without a Mission of its own and a Tradition to boast of. So should be the case with our institution. It tries to provide an environment, in which different cultures and civilizations, various sciences and arts, are brought face to face, for mutual benefit and progress. It is only a physical law, that when more than two forces are brought face to face, there will be a resultant force. In the same way, all the different forces of this institution have given rise to a synthetic and integrated culture, science and arts.

The raw material with which this Tradition is built of must, naturally, be from so many conflicting and contradicting forces and factors. The conflicts and contradictions are only external and apparent, because, there is the fundamental unity of purpose, amidst these diverse forces and factors. The resultant factor is the TRADITION of this institution. The motive power of its Tradition is Truth. Therefore its Tradition has stood the test of time for the last twenty-five years and it has to be handed over to the generations to come, un-injured. That is the sacred duty of the present generation, Indeed!

What the forces and factors that did contribute, the required raw materials for building up this Tradition? Our institution can be considered to represent a cross-section of the whole of our province, Nay! even of whole India! This cross-section seems to be both vertical, as well as, horizontal, thereby representing all aspects of culture, science and art of this part of the world. On the cultural side, English, Urdu, Sanskrit. Tamil, Telugu, Malayalam, and Kanarese mix and mingle to contribute to a large part of its Tradition. On the side of Science and arts this institution provides a fitting atmosphere for the Western or Modern Medical Science and Art, to march hand in hand with the Eastern or the ancient Sciences, Ayurveda, Siddha and Unani, to make advance on the line of integration and synthesis of what is good in them, on a high research level. The revival movement of indigenous medicine, inshort, forms the vital part of the Tradition of this institution. Such

an unique opportunity for work, should not be wasted.

The spirit and form of this Tradition are based on self-restraint and self-control, which must be the prerequisite of medical study. A balanced view and a compromising spirit on conflicting issues and a sense to accommodate new ideas and ideologies are the traits of the same. The manner of moving about, the mode of speaking and conducting ourselves in social gatherings constitute the form or the exterior of this Tradition. No doubt there is lot to be improved on all these aspects.

So it is explicit that the raw materials for building up the Tradition are from a wider area and from varied sources. Naturally an attempt to improve on this Tradition should really end with lesser risk and greater profit, provided the attempt in that line be sincere and whole hearted.

How far we have stood up to this Tradition, is to be examined now. One of the eminent Physician, Our Honorary Director of Indian Medicine, Dr. Guruswamy Mudaliar, has correctly and intuitively diagnosed, the disease that is trying to over whelm our Traditions, in his noteworthy essay "THE FIRST ESSENTIAL", in our Silver Jubilee Souvenir and has given his opinion in the following words "WHAT IS THE PRESENT CONDITION? Centuries of subjugation, helped mainly by internal dissensions and the cardinal principles of "SAMA AND DAMA", (i.e. Self-restraint and self-control) having been relegated to the background, have made a mockery of the past attainment."

Much can be taken from the above observation made on an All India basis, for improving on the Tradition of ours. We must take in his prescription in the form of discipline and self-restraint if we want to keep aloft the Tradition of this institution and hand it over to the succeeding generations in an improved form. Without discipline and order, there will be only chaos and confusion. The real background for this worthy Tradition of ours can be provided only by the sincerity, discipline and the real effort of the Alumni of the institution. Codes of general conduct must be laid down and enforced if we want to raise up our status and equip ourselves fully for this noble profession of ours. We have to fix up standards for every aspect of our life in this institution. That standard should be practicable and suitable to our Tradition.

To visualise a bright future to this institution we have first to keep our own house in order and realise our own worth and value or in other words, our Tradition. The significant remarks of our Ex-Governor-General, Sri C. Rajagopalachar, in his greetings to our institution on the occasion of its Silver Jubilee Celebrations are worthy of consideration here. "But there are many things yet in Ayurveda, Siddha and Unani doctors and their books which should be unpacked and put in the general pool. We require a scientific attitude and patient research and experiment for this programme of improvement and re-absorption."

Let us all pull ourselves to-gether in the name of Medical Science and the new born Republic of India, to glorify the Tradition of this institution and contribute some thing original to the common pool of medical science and art!.

Synthesis From A New Angle

BY

D. V. APPALACHARYA, B.A.,

III Year College.

All ailment is one So all panacea is one. Our aim is to mitigate the human suffering, nay, to remove it in toto from our abode and make it a land of health and happiness. With this end in view let us approach the problem of integration. We know from our experience that the concerted human effort has achieved what individual human effort has failed to achieve. After all every system of medicine has its own individuality which can't be wiped off by its mere integration with its fellow systems. Don't we see that every star is distinctly luminous though it is one among millions of billions of stars that coexist to dispel a world of darkness to which we are exposed during night? We are apostles of wisdom; wisdom is searching after truth and it can't but be one by whatever name we call it and by whoever truth seeker it is collected and placed at our disposal. All knowledge should be accepted, purified, systematized and integrated. Discarding even a bit of knowledge is making our lore poorer. He who impoverishes the human knowledge instead of enriching it by his personal contribution is an inexcusable culprit.

The distinctions between physics, chemistry, botany, Zoology etc., are only for a school child whose undeveloped mental vision is so narrow that it can't perceive or grasp more than one aspect at a time of this rich lore of accumulated knowledge. But Newtons and Einsteins laugh at such classification for they know that discovery means coordination and integration of hundreds of facts from various branches of science and not from a single branch. The postal-sorting is for distribution of work to various persons at various places but the utility is one and the same. So every invention is an integration; and integration is bound to open up vistas for future inventions. To concretize the above idea I would like to mention 'X-rays' which not only the medical man claims to be his but also the physicist and the chemist. The integration is a natural phenomenon. Whether we integrate or not, all systems of medicine, like all branches of knowledge are bound to integrate. Every practitioner who picks up the best of any system in his conscious and sometimes unconscious efforts to cure and relieve his patient is integrating to a limited extent. This explains very well why a modern practitioner uses Ayurvedic prepartions and vice versa. The trend of evolution will not allow the separatism which brings about the fall of man to infernal depths. The international awakening and the U. N. O. are enough proof for that.

The path of evolution has taken man from the milestone of mechanism

to a far-far-off milestone of individuality. Man has learnt how best to use his surroundings for his own advancement. The knowledge he has collected by his endless toil and moil through his laborious journey through centuries of centuries is a matter of life and death for his human race. In fact, it is his life trust. The passing stream of time has washed away the impurities associated with our rich lore of knowledge which stood the acid test of time. So the indigenous systems of medicine which are handed over to us by our own ancient research scholars, who spared no pains to investigate and find out things with their limited advantages of science, should be integrated with the so called modern medicine.

After all there is no perfection for any human achievement. No system by itself is perfect. We can approximate to the ideal of perfection by integration which aims at and aids to bring together two hemispheres to make a complete sphere. How blessed are those who first conceived this magnificent idea. The scientists of the world are running a race to reach the Target of complete removal of human suffering. The Indian Scientist, as the scientists of many other countries, shackled by poverty and domination made little progress during the last few centuries though his predecessor's progress was a record-breaking one. Now that he is free and unshackled he is on his heels and conceives a grand idea of integration which opens a rich field of fruitful research work for his hitherto-tied-and-now-freed hand.

Integration appears to be an ambiguous phenomenon, for, there are many ways of effecting it. Without any change in the basic principles of Tridosha theory with its broad generalisations explaining the physiology and pathology of the body, symptomotology and treatment of disease which the body is a heir to, we can supplement all the modern instruments surgical and clinical in our own way for the diagnosis and treatment of diseases. Interpretation of the curative value of X-Rays and some such modern phenomena in terms of Tridosha bridges the gap and brings the systems closer. Interpretation of 92 elements (of which some require discovery yet) in terms of panchabhutas and adopting their compounds and preparation for dealing with the vitiated Tridoshas must be aimed at and worked for. Study of the reactions of these compounds on various Doshas at various diseases will be of inestimable value for the synthesis of modern and indigenous systems. Interpretation of all herbs in terms of modern elements like Potassium, Iron, Calcium, etc. will not only give us an idea of the action of a particular corresponding compound or a group of compounds on a particular Dosha or disease but also opens a method of preparing medicines on a factory scale without depending upon decoctions and other things which can neither be prepared on a large scale nor can be preserved for a long time. This kind of effort will really bridge the supposed unbridgable gulf between the two systems. Modern appliances must be adopted in Pharmacy work. Better and more modern methods of purification of drugs and metals should be found out by research so that the crude and impracticably laborious methods like sataputa and sahasraputa may be disposed off. For materializing the synthesis all sanskrit originals should be collected and rendered into various regional languages and English supplying the missing gaps.

of logic and preserving the originality and individuality of the system. This removes even the language bar which though we are unconscious about, is a vital obstruction for the uplift and synthesis of indigenous systems. For this purpose an authoritative body constituted by the Government is necessary. These steps, I suppose, will surely bring about the happy integration of both the systems which by their concerted effort relieve the human suffering more than they can individually. This is what ought to be done and what time does if man fails to do.

The Medical Profession and Ayurveda

BY

K. BABU SHETTY, L.I.M.

II Year

"It is in youth that men lay the essential ground work of their creative thought wherever that creative thought exists." This is very well noted in the choice of a career by a young man. In choosing a career he is making a plan which will effect the whole of his life, and any serious mistake that he makes then will be multiplied many fold in his later life. 'One cannot choose a career which will bring prosperity only to himself and his family. It is a grave sin.' We should choose a career with the highest ideal of serving the humanity at large. Without the least doubt the medical profession is the noblest and the best of all the professions from this point of view.

As one great doctor observed the medical profession offers opportunities for service many times every day. There is nothing more worthwhile doing than helping people who are really suffering from ill health. No charity can ever last long. The giving of small sums to beggars does very little real good. They remain beggars and have no hope of ever becoming anything else. But if illness or injury prevents a man from doing his work a doctor has a tremendous chance of giving the man a new outlook on life and turning him from a useless member of society into a useful citizen. One other great thing about the medical profession is that it is more full of continued interest than any other. Every patient presents a new problem to tackle and a new puzzle to be solved.

This is especially true of Ayurvedic system of medicine. 'Ayurveda', according to Charaka 'is the science and art of living a happy long life in a manner useful to the society.' According to Sushruta 'Ayurveda preserves the health of a healthy man and restores the health to the diseased.' As one journalist has said Ayurveda is one of the many things of the rich heritage that free India can be rightly proud of. It is in itself a complete science of healing. It is also a science of rejuvenation and prolongation of life. The very

fact that centuries of neglect by the state could not extinguish the flame of Ayurveda proves its amazing vitality and efficacy. Even today with practically no help from the state, Ayurveda gives succour to more people in India than all other systems of medicine put together. It is however a happy augury that more and more people of our educated classes and the central and provincial governments are taking active interest in encouraging Ayurveda.

It is a common observation of many statisticians that India is still very short of doctors in rural areas. There are plenty of doctors in larger towns. But villagers are still in crying need of proper medical aid. Any doctor who is having the greatest inclination to fulfil the object of his profession and life will surely think about the need of his patient first. Then he will definitely come to the conclusion that his sincere services will best be rendered in poor villages and not in big towns. "The value of life is not what we get from it but what we give to it." Let our first and foremost object of life be the ceaseless and selfless service to the suffering humanity. This is what the Ayurvedic seer always aimed at. May God the Almighty grant us enough strength of mind till we achieve our goal. "Obstacles are placed across our path in life not to be boggled at, but to be surmounted.

JAI HIND.

Sweda Karma

By

K. RAGUNATHAN,

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Sweda Karma is one of the outstanding treatments of Ayurveda which is frequently recommended in almost all cases of Vatha and Kapha Rogams This Sweda Karma is mainly of two kinds according to the quality of dosha vitiated. They are (1) Snigda Swedam and (2) Rooksha Swedam.

In Snigdha Sweda Karma we use Snehana Dravyams like Gritham and medicated thailams and in Rooksha Sweda Karma the husks of cereals and sometimes sand are used. The former variety of Swedakarma is done in Vatha Rogas. Tho gunams of Vatha are Rooksha, Khara etc., and the Snigdha Sweda Karma is recommended in these cases. Likewise Rooksha swedam is done in all Kapha Ragas because the gunams of Kapham are Mrudhu, Seetha etc., There is an exception to this treatment in a few cases.

The usual Sthanam of Vathama is Pakvasayam and that of Kapha is Amasayam. If vitiated vatha happens to enter Amasaya (Kaphasthanam), first Rooksha Sweda Karma must be done and then only the Snigdha Sweda Karma. If Kapha happens to harbour in Pakwasaya

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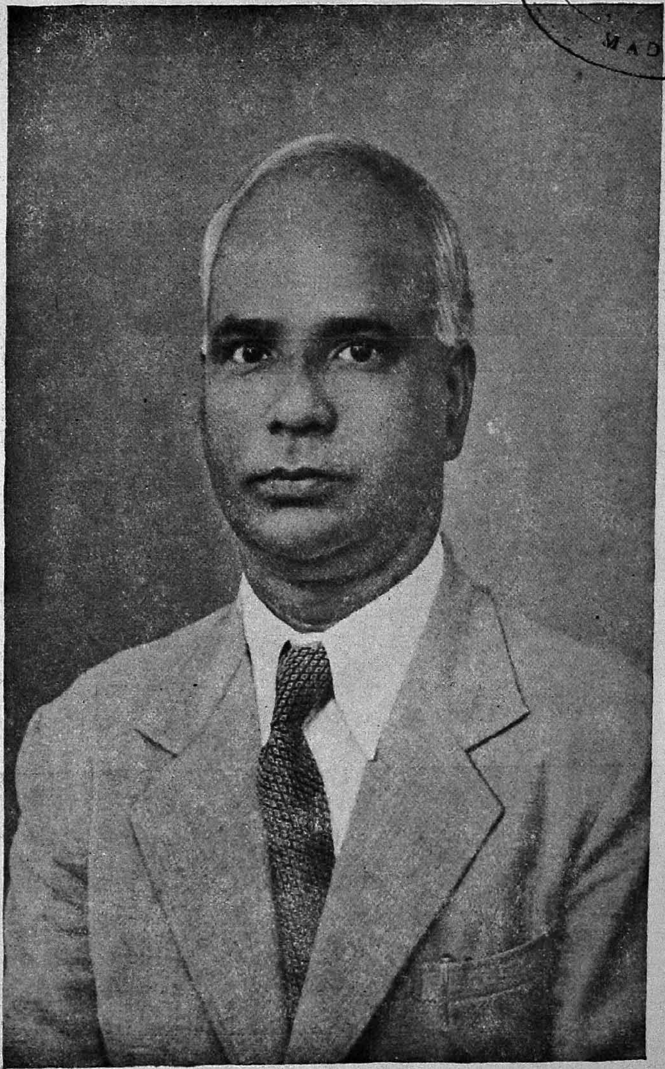

Dr. V. NARAYANASWAMI
Professor of Ayurveda

31 MAY 1955

SRI P. V. GOPALAN NAIR

Newly appointed Lay Secretary of the College and Hospital of Indigenous Medicine

MRS. T. C. CHARLES

Matron

after vitiation, the Snigdha Swedam must be done first and then the Rookshasweda. In all the diseases the treatment is based on the Gunams of the doshas. The Vipareethaguna Chikitsa always lessens the disease and Samanaguna Chikitsa activates the disease If there are Rookshadhi Gunams in the body, the Snigdha Sweda Karma corrects the disease and brings an equilibrium among the doshas. In a disease where there are Snigdhada gunams in the body, Rookshadi Sweda Karma is done for bringing harmony among the doshas. In Samsargajarogas (Disease due to the Vitiation of the doshas.) the treatment is based on the predominance of dosha Lakshanams and both kinds of Sweda Karma are done according to the requirement. Sweda Karma may be done to the whole body (Sarvangasweda Karma) or to a part of the body (Ekangasweda Karma).

The strength of Sweda Karma depends on RogaBala, Rogibala and the region where it is done. It is of three forms-Mrudu (mild) Madhyama (Moderate) and Thiwra (intense). Sweda Karma must be done mildly in the pericardial region, Testes, and Eyes. It must be of moderate strength in Groins and intense in the rest of the body e.g. If we want to do sweda Karma to the eyes, cover the eyes with white clothes or wheat flour or Tulip flower and slowly let the steam. Likewise necessary care and precautions must be taken in doing sweda Karma to delicate areas.

CLASSIFICATION AND VARIETIES OF SWEDA KARMA DESCRIBED BY CHARAKA, VAGBHATA, AND OTHER CLASSICAL AUTHORS.

The table given below clearly indicates the various kinds of Sweda Karma. *Classification according to Charaka.*

SWEDA KARMA

Sagnikam

(Effected by using Agni)

1. Sankara Swedam
2. Prasthara Swedam
3. Nadi Swedam
4. Parisheka Swedam
5. Avagaaha Swedam
6. Janthaaka Swedam
7. Asmagana Swedam
8. Karshu Swedam
9. Kutee Swedam
10. Bhoo Swedam
11. Kumbheeka Swedam
12. Koopa Swedam
13. Holaaka Swedam

Niragnikam

(Done without the use of Agni)

1. By doing exercise (Vyayamam)
2. By sitting in a room where there are no windows.
3. Covering the body with Rugs & Blankets.
4. Excessive Hunger
5. Madhyapanam
6. Bhayam (Fear)
7. Krodham (Anger)
8. Athapam (Sunbath)
9. Carrying heavy loads
10. Upanaaha Swedam (Application of poultices and bandaging).

Vagbhata and susrutha have mentioned only four varieties of Sweda Karmas. They are (1) Thaapa Swedam (2) Ooshma Swedam (3) Dhrava Swedam and (4) Upanaaha Swedam. The 13 varieties described by Charaka are

included in the above first three kinds. The last variety—Upanaaha Swedam is a separate variety by itself.

The following table illustrates how the 13 varieties described by Charaka are included in the 4 varieties of Vagbhata.

SWEDA KARMA

Thaapa Swedam

1. Janthaka
2. Holaaka
3. Kutee
4. Karshoo

Ooshma Swedam

1. Sankara
2. Prasthara
3. Asmagana
4. Kumbhee
5. Bhoo
6. Koopa

Dhrava Swedam

1. Parishaka
2. Avagaaha
3. Nadee

Upanaasa Swedam

Description of the Various Varieties

1. *Sankara Swedam*: Make paste with Thila (Sesamum), Masha, Kuluttha (Horse-Gram) Gritham, Amisham (Flesh) Odhanam (Boiled Rice) etc., Apply oil to the area to be fomented. Then do Sweda Karma with that Paste till there is sweating.

2. *Prasthara Swedam*: Various grains and pulses are cooked and spread over the floor to the entire length of a man, A mat or a rug is spread over it or sometimes Erand Pathrams. The patient is asked to lie down after smearing the body with medicated oils till he perspires.

3. *Nadeeswedam*: Kashayams' prepared with sigru, Eranda Arka, Punarnava Dhwayam, Yava, Thila, Kulutha, Guduchi, Sarshpam etc., is poured in a big pot whose mouth is well sealed. A tube is fitted at its neck with required length and diameter. The steam must be let on to the part of the body to be given swedam after the application of medicated oils at a temperature which is bearable by the individual and which does not harm the skin till there is perspiration.

4. *Parishaka Swedam*: The Kashayam made with Vatha Hara Dhravyams and Vathakapbahara Dhravyams are taken in a small pot which has numerous holes, The part is smeared with medicated oils and the Kashayam is allowed to fall over that part as showers at a pleasant temperature till he is satisfied.

5. *Janthaaka Swedam*: A shed must be built in a good spacious ground near a Tank. This shed must be constructed in circular fashion facing towards North and East, and must be at a distance of about 4 to 5 yds. from the tank. The circumference and the height of the shed must be about 8 yds. each. Inside the wall, attached to it, a raised pavement must be built with a breadth of about ½ yd. This pavement must run all through the entire circumference. In the centre of the shed, a small circular hearth with numerous holes is constructed. It must be 6 ft. in height and about 2 yds. in circumference. A special device must be made for letting the smoke out.

Kadhira or Aswakarna wood is burnt in the hearth and the smoke is

let out by the devices made. The medicated oils are smeared to the body of the patient and he is led on to the raised platform and is asked to stay there till he perspires to the required extent i.e., till the malams come out of the body and till he feels light.

He is advised not to get down from the pavement, because he may not be able to make his way out in the darkness and may feel uneasy. As soon as the patient comes out he must take rest for sometime and then take a warm bath. He must not expose himself to cold suddenly on coming out of the chamber because the ushnathwam may affect the Chakshurindriya.

6. *Avagaahana Swedam*: A Kashayam is made with Vathahara drugs and Ksheeram, Ghritham and oil are added to it and is poured in a big broad tub. The part of the body where the sweda Karma has to be done is smeared with medicated oil and the patient is asked to sit in the tub.

7. *Asmagana Swedam*: A thick slab of about 6 to 8 ft in length and about 3 to 4 ft breadth is taken and fire is made on it using Vathaharakashtams like Devadaru, Eranda, Kadhira, etc. When the slab has become hot, remove the fire and sprinkle some water on it and spread a rug over that heated slab. The medicated oils are smeared to the body of the patient and he is asked to lie on that slab covered with rug till the desired period i.e. till there is sufficient perspiration.

8, *Karshoo Swedam*: Karshoo is a name given to a pit whose opening is narrower than the base. The pit is filled with red hot charcoal. The patient must be there till he sweats satisfactorily. A cot is placed on the opening and the patient after applying the medicated oils is asked to lie on the cot.

9. *Kutee Swedam*: A compact shed (Circular in outline) is built and the walls are smeared with Kalkams of Kushtam and other Sugandha Dhravyams. A bed with rugs is arranged in the Chamber, and the patient is asked to lie on the bed after smearing with medicated oils. Red hot fire without smoke is placed round the bed close to the walls. The patient must lie on the bed till he perspires satisfactorily.

10. *Bhoo Swedam* : This resembles the Asmagana Swedam (7). Here the land is made even and is made hot. The patient lies there till he perspires. The patient lies on the land in this variety instead of on the heated slab. Oil application of course, is essential.

11. *Kumbhee Swedam*: The Kashyam is prepared using Vathahara Dhravyams and is taken in a pot. This pot is buried in the ground either to the half or to the neck of the pot. A cot is arranged over the pot. The patient after the application of medicated oil is asked to lie over the cot. He is covered with a thick cloth and this cloth prevents the escape of steam. Red hot iron balls are dropped into the Kashayam and the steam obtained is made use of for the sweda Karma.

12. *Koopa Swedam*: A deep pit, about 6 to 7 ft., in length, is dug, and it is filled with dungcakes of Elephant, Horse, Cow, Camel and Ass and they are burnt. A cot is arranged over it and a rug is spread over it. The patient undergoes sweda Karma by lying on it after the application of medicated oils.

13. *Hollaka Swedam*: The dung-cakes of various animals are spread over on even ground for about 6 to 7 ft. and burnt. After the smoke had subsided, a cot is placed over that area and the patient after smearing the oil is asked to lie over that cot covered with a rug or a cloth till he perspires.

14. *Upanaaha Swedam*: Perspiration is caused by the application of pastes, poultices or bandages, The pastes are made with the following Dhravyams:—

Vach, Kinwa, Thakram, Sathapuspha, Rasna, Devadam, Eranda, Jataamamsi, Amisham, Lavanams, Ghritham, Ksheeram, and Sugandha Dhravyams.

The paste made by these dhravyams is efficacious in Suddha Vatha Rogams but when there is Pittham also along with Vatha, the pastes must be made with Padmakadigaanadhravyams and if there is Kapaha instead of pitha, Surasadhigana Dhravyams are recommended.

There is a variety of Upanaaha Sweda by name Salbhana. It is prepared with Vathahara Dhravyams, Amladhravyams, Flesh of Anoopadesa mrugams and Lavanams. Ghritham and Kakolyadhigana dhravyams are also added to it and then boiled. It is known as Salbhanam.

In all the cases where upanaaha sweda is indicated, the pastes are applied and bandages are tied tightly, of course allowing for free blood circulation, The bandages tied at nights are removed in the mornings and vice versa.

After knowing the varieties of Sweda Karma we have to know about Samyaksweda Karma.

Samyak Yoga of Sweda Karma

Suswinna Lakshanam: Sweda Karma is properly done i.e. neither less than the normal nor more, it is called Suswinna. This is the Samyakyagam of Sweda Karma. The area of the body that has undergone Sweda Karma will be slightly hot and relieved of pain and heaviness of that part. The body will be smooth. That person is called Suswinna.

If the patient is not relieved of pain heaviness etc., it means that Swedakarma has not been done satisfactorily.

Athiyogam of Sweda Karma

If Sweda Karma is done without a limit there will be following symptoms:—

Prakopam of Pittha and Raktam.

Emaciation of the body.

Loss of consciousness.

Giddiness.

Arthritis.

Vomiting.

Treatment in Atheeyogam is to adminster, Sthambana oushadams and to do Grishma Ruthu Charya (Seethadhi-upacharam and Madhurapatharthasevanam.)

Indications of Sweda Karma

The following are the conditions where Sweda Karma is indicated:—

Coryza (Prathesyayam)—Cough (Kasa)—Hiccough (Hikka) Dyspnoea (Swasa) Heaviness of the body—Pain in the neck region—Ottorrhoea (Karna soola)—Headache Swara Bhangam (Sore Throat)—Galagraham—Facial paralysis (Ardhitha-

Vatham)—paralysis of the whole body or part of the body—Vatharogams that cause deformity of the body—abdominal distension—retention of excreta—Seminal or Ovarian disorders—(Sukra Dosha)—Opisthotonu (Vijumbhraka Roga) Sciatica (Gruddhasivatham) Dysuria (Moothrakruchram) pain in the Calcaneal region — Heaviness and Numbness of any part of the body etc.

Contra Indication: Sweda Karma must not be done in the following Cases :—

Corpulent persons—Debilitated persons—Pregnant Women—Persons addicted to drinking—Persons suffering from Rakta Dosha—Pittha Rogis—People suffering from Diarrhoea, Erysipelas, Diabetes, Thimira Roga, Prolapse of Anus (Brashtagudam)—Jaundice, Anaemia etc.

Benefits of Sweda Karma

Sweda Karma Phalam: — The Doshas that have entered the Koshtam, Rasaadhi, Dhaathus Srothass, and Sakha melt and are excreted through sweat by Sweda Karma.

Precautions:—Sweda Karma must always be done only after the application of oil and unless and Sneha and Sweda Karmas are done, Sodhana Karma must never be done for Dosha Sodhanam.

If a man undergoes Sodhana Karma without undergoing proper Sneha Karma and Sweda Karma the body will decay like a dry stick which breaks down when it is bent without proper oiling and treating.

Pre-requisite to a Prescription

BY

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The etymology of the word 'prescription' (Pre-before scribe-to write) denotes that it requires a sort of dexterity and experience. The writing of a prescription can be said as one of the greatest arts that should be well understood and practised by every physician. Indeed, a medico does not, take generally so keen an interest and attention, as he ought to do, to write prescriptions.

The following points are to be considered in detail in the learning of writing prescriptions:—(1) Dosham (2) Dooshyam (3) Desham (4) Balam (5) Kalam (6) Analam (7) Prakriti (8) Vayassu (9) Satvam (10) Satmyam (11) Aharam.

1. *Dosham* :—This is of two kinds (*a*) Shareerikam (Physical) and (*b*) Manasikam (Mental).

(*a*) *Shareerikam* :—This comprises of three doshas (*a*) Vatham (*b*) Pitham (*c*) Kapham.

(*b*) *Manasikam* :—This consists of (*a*) Rajas and (*b*) Tamas.

It is a recognised fact according to Ayurveda that there is no disease without the disturbance of above doshas. So, the knowledge of the Doshas regarding their involvement in each disease is the first requirement for a physician. The extent of vitiation of each Dosha is made out by the presence of signs and symptoms pertaining to each Dosha. After having identified the involved Doshas and the extent of vitiation of each Dosha concerned, there is a next step to be cleared. This is what is called Vikalpa. By this, the proportion of the doshas can be known. In fact this is one of the points to be known in the samprapthya of each disease. Though the doshas are un-doubtedly the responsible factors in the causation of a disease, the other factors namely Dooshya etc. play a very important rôle in aiding proper diagnosis and the selection of medicine because even a very minor ailment may appear to be a grave one in a patient whose physical or mental tolerance is less or weak.

2. *Dooshyam* :—Dooshyas are Dhatus and Malas in which lies the normal function of maintaining the strength of the body and relation to the Doshas. The involvement of a Dooshya in a disease has a great significance in the prognosis of a disease (that is to say) when a dosha causing the disease is not related to the Dooshya involved there, the disease is said to be Sukha Sadhya (easily curable) while if both the Dosha and Dooshya in a disease are of same category, the disease is difficult to cure. Therefore, the knowledge regarding Dooshya concerning each disease can be taken as very important.

3. *Desham* :—Desham is of two kinds (*a*) Bhoomi Desha (country the patient living in) (*b*) Deha Desha (constitution of the patient).

In the case of the Bhoomi Desha, Vata is predominant in Jangala and Kapha in Anupa. A vata disease occuring in Jangala is more difficult to cure than in Anupa. In the case of Deha Desha, it should be remembered that there are certain vital points in the body called Marma Sthanas. Diseases occuring in Marma Sthanas are more serious than they occur in other places. Knowledge of this Deha Desha is important not only for the purpose of diagnosis but also for prognosis and treatment especially surgically. The Deha (size of the body) can also be classified into three kinds (*a*) Sthoola (*b*) Krusha and (*c*) Madhya. In Sthoola deha, generally kapha is predominant and vata in krusha (emaciated). So the vata disease in an emaciated person and a kapha disease in a sthula person are difficult to cure.

4. *Balam* :—This is the strength of a patient though the same term is used for judging the strength of the disease also. The balam of the body is judged by the capacity for exercise. Balam is the most essential requirement for an individual because without it he will be an invalid. This is said to be of three kinds (*a*) Sahajam (*b*) Kalajam (*c*) Yuktikrutham. Sahajam is the in-born strength of a person. Kalajam is the supplemental acquirement depending on the climatic conditions or seasons. In seetha kala an individual possesses maximum strength (Seetha Agryam) while in summer and rainy seasons his minimum. As this kalajabala is again influenced by the age of an individual, the strength in the middle age is accounted for its optimum and childhood and old age for minimum. The Yuktikruta bala-

is the strength developed or gained by an individual due to one's own efforts by taking nutritive foods and exercise.

5. *Kalam*:—This is of course known to one and all as Trividha (viz)., Ushna, Seetha and Varsha. These are subdivided into 6 seasons or Ruthus. The doshas have certain relationship with these seasons. Vata, Pitta and Kapha attain the stage of Prokopa in Varsha, Sharat and Vasantha ruthus respectively while they remain in Chaya stage (increase in their own places) in Greeshma, Varsha and Hemantha ruthus. This knowledge is useful to judge the prognosis of a disease as also for the proper planning of Oushadha, Ahara and Vihara to the patient. If vata disease occurs in Varsha ruthu it is difficult for treatment since the climatic conditions also aid for the increase of the same dosha which is responsible for the disease and thereby aggravate the disease. No doubt, the same vata disease in Greeshma ruthu is not so difficult as in Varsha ruthu. Neverthless it requires greater care than in other ruthus because of its Chaya stage in Greeshma Ruthu. Likewise the other doshas also bear similar relationship with the respective seasons. A vata or Pitha or Kapha disease is very easy to cure in Sharat, Hemanta and Greeshma ruthus respectively since the doshas in those seasons naturally reach the stage of shamana and subside. The term Kalam applies to the stage of the disease also (Vyahyavastha). They are named as Sukha Sadhyatva (easy curability), Kashta Sadhyatva (difficult to cure) and Asadhyatva (incurability) which can be known by the observation of the manifestations of the disease under observation.

6. *Analam*:—This means Agni or Jataragni which digests food. This function is usually controlled by Prana, Apana and Samana vayus. Besides, this Agni is influenced by the doshas which are predominent in the body at the time. When vata is in predominance, the Agni becomes Vishama (irregular in function), in pitta, Theekshangni (cause excessive hunger and digestion) and in Kapha, Mandagni (incapability to digest even the normal quantity of food). Samagni is caused when all the three doshas are in normal quantities and proportion. This knowledge of Agni is useful in prescribing proper diet to the patient. It should always be kept in mind that wherever Agni is concerned there is always the possibility of Ama being formed and associated with the doshas and the disease when they are named as Samadosha and Sama Roga respectively. Therefore, knowledge of Agni is very essential in diagnosis and treatment.

7. *Prakrithi*:—This is the constitution or temperement of a person caused by the doshas which are predominant in Shukra and Arthava at the time of conception. Here also diseases caused by certain doshas similar to that of Prakrithi are complicated while a vata disease in pitta or kapha prakrithi is easy for treatment (Athulya Prakrithi).

8. *Vayassu*:—The doshas have certain relationship with the age of an individual (Kapha, Pitta and Vata are predominant respectively in child-hood, middle age and old age respectively). There is also a point of importance over the forbearance of the patient for the agonies of the disease as well as theekshnatva or potency of the medicine since children and old people cannot with-

stand strong medicines and severe symptoms of a disease.

9. *Satvam*:—This is the mental stability of the patient, not being fickle minded, subject to emotion and excitement etc. It is easier for treatment in the persons of mighty mind and spare body than in one of weak minded and sturdy build. The satvam is again divided into three kinds. (*a*) *Satva guna Pradhana* (Patients with self control). The person bears any amount of pain of a disease. (*b*) *Rajoguna Pradhana* (An individual with this Rajasa Satvam cannot have patience and forberance but could be pacified and convinced by others (*c*) *Thamasa guna Pradhana*:—The person of this guna Pradhana cannot be pacified or encouraged by others. He will be filled with wrong thoughts and it will be difficult to bring him to the righteous path however reasonable and justifiable it may be.

10. *Satmyam*:—Satmyam is habit. Certain individuals living in certain countries feel happier than at other places, since a dwelling is Satmyam to an inhabitant. For an instance, Eskimos living in extreme cold countries with-stand cold since those places are Satmyam to them while it is difficult for others to stay even for a while. Similarly, Satmyam applies to Kalam, Rogam, Vyayamam, Vudakam, Diwaswapna and Rasa. Some persons feel comfortable in certain seasons. Patients suffering from Tamakaswasam (Asthma) suffer more in rainy seasons. Some persons in spite of diseases carry on their routine with the least of difficulty. Water from certain sources suits for some while it renders harm to others. Some are accustomed to day-time sleep in all seasons without any adverse effects while others are liable for some minor ailments by such habits. People of certain districts take more Katu Rasa, whilst others take more of madhu. Hence if the individuals do not suffer from ill-health, then it may be taken that they are satmyam to them and vice versa.

11. *Aharam*:—This is the kind of food one is used to take. There are certain people who are vegetarians while some others are non-vegetarians. What ever kind and form of food that is given to an individual be in health or ill-health, that should be carefully judged and recommended by the Physician.

These points are to be carefully considered by Physicians with utmost care before attempting to name a disease and prescribe medicine to the suffering patient.

"The most under—developed territory in the world to-day is between man's ears."

"The sign of wisdom is being broad-minded and that of ignorance is being thick headed."

Indian Express.

A Report of a Case of Forceps Delivery and Manual Removal of Placenta

BY

S. NARASIMHA RAO, *Final Year*, L.I.M. .

A patient "p" aged 25 years IIIrd para admited on 25-3-50 at 10 a.m. in the Maternity ward.

History of Previous Pregnancy

Both the previous deliveries were by forceps application resulting in Still births in this hospital.

History of Present Pregnancy and Labour

The patient was in labour pains since 9 a.m. on 25th March '50 Membranes ruptured outside at about 10 a.m.

At the time of admission the general condition of the patient was satisfactory pulse rate 78 p.m. volume and tension-good. Temperature-Normal Heart and lungs-Nil abnormal Blood pressure-135/100.

Height of the uterus was that of full term. The uterus was continuously contracting and relaxing. The foetus was found to be alive, with the vertex in the Left-occipito anterior position, foetal Heart was 120 p.m. The head was engaged in the pelvic cavity, the scalp was seen at the vulval outlet when the patient was straining.

Internal examination at 10-45 a.m. showed a second degree perineal laceration as a result of previous child births, head low down, moderate Caput, cervix fully dilated, membranes absent, head completely rotated, marked moulding of the head, and a normal pelvic outlet.

At 10-50 a.m. under ethyl chloride anaesthesia supplemented by ether, application of axis-traction forceps delivered a live child (male), weighing 6¼ lbs. The child was not asphyxiated there was no bleeding per vaginum. Maternal pulse rate was 86 p.m.

11-15 a.m. placenta did not separate. No bleeding per vaginum. Maternal pulse 84. Volume and tension-Good, patient was kept under observation watching for signs of separation of placenta.

11-45 a.m. Under general anaesthesia after emptying the bladder with the usual aseptic and anti-septic precautions the gloved hand was introduced through the cervical canal into the uterine cavity. The placenta was found adherent to the upper uterine segment. It was carefully separated from below upwards and was removed manually. There was very little bleeding. The uterus was massaged. Hot vaginal douche given, 10 units of pituitary extract with 0·5 Mg. Neo-gynergin was injected intramuscularly. Maternal pulse rate 100 p.m. There was a small laceration of the old perineal tear. 40,000 Units of penicillin were given intramuscularly every 3 hours as a prophylactic measure.

The puerperium was apyrexial. The uterus was involuting properly and the lochia was normal. Patient was discharged on 5—4—'50.

On the third day of the delivery, examination of the child showed a soft cystic reducible swelling on the head about one inch in diameter which was well circumscribed but

not tender. No bony lesion could be made out clinically. X-Ray examination of the foetal skull confirmed this. Therefore the swelling was diagnosed as meningocele.

Discussion:—The following significant points should be noted.

I. The forceps application was indicated because:—

(*i*) Previous two deliveries were by forceps application resulting in still births.

(*ii*) There was no progress of the head in spite of good uterine contractions.

(*iii*) Conditions for application of forceps being favourable.

II. Manual removal of placenta was indicated because:—

(*i*) Signs of placental separation were not seen for nearly an hour after delivery of the child.

(*ii*) Maternal condition was satisfactory.

(*iii*) Pituitary extract was contraindicated in the absence of any bleeding particularly when the uterus was firmly contracted.

(*iv*) Patient's condition would have deteriorated in course of time if no interference was undertaken.

III. Puerperal sepsis should be anticipated in cases when:—

(*i*) Patients are brought from outside after rupture of membranes.

(*ii*) Repeated vaginal examinations are done.

(*iii*) Operative delivery like forceps application is undertaken.

(*iv*) Manual removal of placenta is undertaken.

(*v*) Perineal lacerations are present.

In spite of all these factors being present in the case reported above, the puerperium was apyrexial probably due to effective prophylactic measures that were adopted in the management of this case.

Surgical Case Reports

BY

CHAKRADARA RAO, *Final Year*, L.I.M.

SEBACEOUS CYST

Name:—A. *Age*:—18 years. *Sex*:—Female. *Religion*:—Hindu. *Duration*:—From Birth. *Complaint*:—Complains of a Lump and pain in the region between the left Clavicle and left breast.

Previous illness: A soft little reddish swelling was found at birth in between the left Clavicle and left breast. It has slowly grown bigger and bigger and now since two months she feels pain.

Present illness:—A lump with soft consistency and visible dilated vessels on the surface. The lump is movable and not adherent to the deeper structures.

On Examination:—Inspection: Patient well built a Reddish round lump between the left breast and left Clavicle. Dilated vessels on the surface of the lump.

Palpation:—Soft in consistency smooth warm single lump movable not adherent to the deeper structures.

Differential Diagnosis:—Abscess; Aneurysm, Tumour, Lymphatic cyst, Sebaceous Cyst.

Abscess:—May be congenital but it will not keep quiet for 18 years. At the beginning abscess will be a painful hard swelling immovable. But this is not so.

Aneurysm:—There will be swelling which will not be so rounded will be pulsating. So this case is not aneurysm.

Tumour:—Malignant or Benign. No malignant symptoms here. If benign it grows slowly with or without pain. But from the beginning it may not be so soft. It will not be connected only with the skin as in this case. So this cannot be a Tumour.

Lymphatic Tryst:—Signs and symptoms will be the same as in this condition but transillumination test will be positive (Translucency). But in this case it is opaque.

Sebaceous Cyst:—The same signs and symptoms as in the above case. The Transillumination test will be negative. Since in this case it is negative, we consider it as Sebaceous Cyst.

Prognosis:—Prognosis is good. May get infected and burst leaving behind a Sinus into the deepest structures.

Treatment:—It must be excised and dressed with aseptic and antiseptic precautions.

This case is excised and dressed daily with aseptic precautions.

A CASE OF TUBERCULOUS HIP (LEFT)

Name:—M. *Age*:—12 years. *Religion*.—Hindu. *Duration*: Six months. *Sex*:—Male.

Complaint:—Slight pain in the left hip joint and limping.

Previous illness:—Prior to this disease he had no injury to this hip. No history of Cough or any other lung trouble. 6 months back he felt slight pain in the left groin and then the pain was felt in the left hip joint. Later he could walk in a limping gait.

Present illness:—Slight pain in the left hip joint and could not walk properly.

On Examination: — *Inspection*— Patient's complexion is black and no change of colour found over the left hip joint. No swelling is seen. Slight tilting of the pelvis upwards in the sound side (Rt.) on standing and limping could be seen. Gluteal fold less prominent on the affected side. Thomas's sign is positive. The limb is in a position of abduction flexion, and eversion. Flexion is marked by lordosis of spine. The abduction of the limb by tilting of pelvis on the left side and adduction of the sound limb. Movements of the joint as Extension is limited. Spine shows lateral curvature.

Palpation:—On palpation he complains of a little pain at the lateral side of left hip joint.

Mensuration :—1. There is an apparent lengthening of affected side. But on measuring by an inch tape no difference is found. There is slight wastimg of thigh muscles on the affected side as evidenced by 1/?" of difference in the circumference of both thighs.

Schoe maker's line :—Prolong a line joining the Antr supr spine with the tip of the great trochanter on the abdomen. Normally this prolonged line meets the median plane at the edge of the umbilicus or above it. If the Trochanter on one side is raised the line intersects the median plane below the umbilicus. But this is negative in this case.

Nelaton's line :—The patient lies on his side with his hip semi flexed and a line is drawn from the Antr. supr spine to the tuber ischii. This line necessarily passes across the tip of the great trochanter or passes above it. If there is shortening in the head or the neck of the femur, the tip of the trochanter will be above this line. The tuber ischii is difficult of precise definition; moreover this structure has quite considerable dimensions. The point of its greatest convexity should be chosen. No account should be taken of deviations of the trochanter up to half an inch.

This also is negative in this case.

Bryant's triangle :—The patient lies in the dorsal position. The antr supr spine is felt and a plumb line is drawn towards the floor from this point. This is the base line of the triangle. Next a line is drawn from the antr supr iliac spine to the tip of the greater trochanter. The triangle is then completed by connecting the tip of the greater trochanter to the base line by the shortest route, forming the horizontal side of the triangle. This horizontal line is measured on both sides and if a difference exists, the amount of shortening can be determined by subtraction.

This also is negative in this case.

Anvil test :—Is positive in this case. That is, a tap on the heel of the affected limb will cause pain the affected joint.

General constitution of the patient is not affected. This is of a gradual onset.

Differential Diagnosis :—Pseudo-coxalgia, Spinal trouble Sacroiliac disease, Sciatica, Dislocation, Fracture or Tuberculous Hip joint.

Pseudo-Coxalgia :—In this condition pain may be refered to the knee. After sometime the pain may disappear gradually and limp persist but position is adduction and flexion limited. There may be a slight degree of coxavara and greater trochanter feels thickened antero—posteriosly. X-ray Examinations shows a flattening of the EPIPHYSIS.

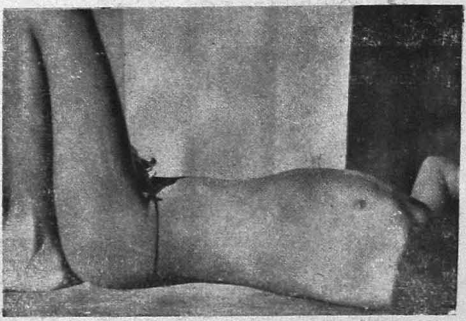
These features do not correlate with the features in patient described,

Pott's disease :—In this condition severe pain is marked feature and there will be history of trauma to the spine or disease of spine. So the present case is not of spinal origin N. B. classical features of this disease. (1) Severe pain and tenderness. (2) Deformity. (3) Rigidity of the Muscles.

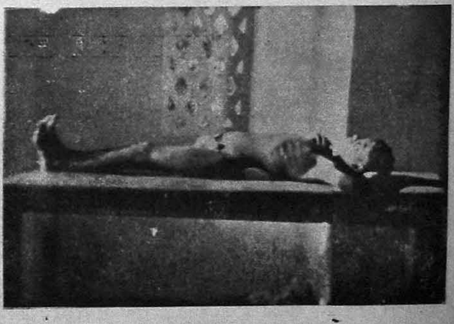
Sacro-iliac disease :—Pain, weakness in the lower part of the back, increased by standing, walking or by any movement. A sensation as

SURGICAL CASE REPORTS

Sebaceous Cyst



Tuberculous Hip (Lordosis)



Tuberculous Hip (Lordosis)

Tuberculous Hip (Scoliosis)

Tuberculous Hip (Tilting of the Pelvis

Tuberculous Elbow

if pelvis were coming to pieces being explained by the patient: Pain often refer to the gluteal region or down the leg. Movement of the limb cause pain. If the pelvis is not supported there is apparent lengthening on the affected side. So our patient is not suffering from Sacro Iliac Disease.

Sciatica:—Same shooting pain down thigh upto the toes on the affected side along the course of the Nerve. There will be a history of injury on the nates. So this condition is eliminated,

Dislocation:—Severe pain, the history of the patient, swelling in the joint, movements completely restricted, so this cannot be the diagnosis,

Fracture:—This may be in the neck of the femur. Severe pain is complained. Usually of very short duration. X-ray picture will show the fracture. So this also is excluded.

Now this case is sent for taking an X-ray picture which show no active lesion, but it may be an early stage of Tuberculous Hip Joint:—In early cases upto 6 to 8 months the clinical features will be as in our patient. In later cases, flexion will remain and may increase. But the affected limb is adducted and inverted. Pelvis is tilted upon to the affected side. Apparent shortening of affected limb is present. Abscesses may occur in the side of the joint. In this stage the pain is increased. X-ray picture will show a flattened acetabulam. In very late cases there will be real shortening of the affected limb. There will be increase in flexion and adduction and inversion. The constitutional disturbances may follow.

Complications:—The head, neck of the femur and acetabulam may be eroded and liable to fracture at any slightest injury to the part. Infection may pass on to spine or to other surroundings. Pyaemia and toxaemia may result.

Prognosis:—This is bad in late cases but in first stage as in our patient it is good.

Treatment:—General:—Sanatorium type of treatment is advised.

Local:—In cases of slight flexion no instrumental support is necessary. If the flexion is great then use Thomas's splint to the affected limb. Plaster of paris from the axilla to the foot. X-ray to be taken regularly every two months, When pain and muscular spasm is reduced the plaster can be discontinued. Then use the limb very carefully and with lesser strain. If there is any rarefaction operative treatment must be done. i.e. Sub-trochantric osteotomy and again plastered and kept for four to six months. In neglected cases when sinuses form in the gluteal region or behind the trochanter, excision by the posterior method must be done. When the acetabulam or head of the femur is extensively eroded, treatment is only complete amputation and excision of the affected joint.

TUBERCULOUS ELBOW (LEFT)

Name:—V. *Age*:—34. *Religion*:—Hindu. *Duration*:—8 months. *Sex*:—Male. *Complaint*:—Swelling in the Elbow joint with multiple sinuses and pain (Left).

Previous Illness:—Eight months ago he felt slight pain and a swelling in the left Elbow Joint. Gradually the swelling and pain increased, with movements on all sides getting

restricted. About two months back abscess burst open of its own accord in the sides of swelling and left behind sinuses. No history of trauma or any such thing. Sleeplessness and pain increased during night and on movement. Daily he is getting rise of temperature up to 101°F or 102°F.

Present Illness:—Swelling in the Elbow joint pain and movements impaired.

On Examination:—Swelling whiter than other part of the skin of the body. Spindle shaped with multiple sinuses on either side of the swelling some serous fluid coming out from the sinuses. Muscles above and below the swelling are wasted. Patient slightly emaciated.

Palpation:—Smooth single swelling—not fluctuating—hard warm to feel than other parts of the skin of the body—tenderness all over joint where there is swelling. Active and Passive movements are stopped, skin is adherent to the swelling and to the deeper structures.

Differential Diagnosis:—Tumour, Arthritis, Fracture, Dislocation, Aneurysm, Tuberculous joint.

Tumour:—This will be confind to one side. but will not be uniformly enlarged as the swelling. It will not be whitish. There will not be so much wasting in the muscles above and below. Biopsy will give a Diagnosis as some Tumour. So this is eleminated.

Arthritis:—If it is not T. B. Arthritis there will not be spindle shaped swelling and whitish appearance in the skin. Muscles will not be wasted. There may be Oedema. Movements will be slightly available. So this is also eliminated.

Fracture:—The uniform swelling will not be there. An X-ray picture will reveal the fact. It will be sudden with severe pain. In chronic cases there will be the definite history of injury. So this is also eliminated.

Dislocation:—There will be a history of injury. The Triangle of the bony points will be altered. Severe pain is complained. X-ray will reveal the fact. Once reduced it will not generally recur. This is also eliminated.

Aneurysm:—If the swelling is due to aneurysm it will be confined to one part either anterior or posterior or any part wherever there is the course of a vessel. Pulsation may be felt. There will be immense pain and tenderness.

T. B. Joint:—All the signs and symptoms will be there as in our case. In late cases the sinuses form as in our patient. So this case may be a T. B. Joint. It will be confirmed under the Microscope. In a drop of serous fluid you can see koch's bacilli,

Diagnosis:—T. B. Elbow joint.

1. In early cases there will be slight pain. impairment of movements of limb. The swelling is a little smaller and hard.
2. In the Second stage the swelling and pain gradually increases and the skin above that will become whitish,
3. In later cases the pus forms and bursts at the sides of the joints and leave behind sinuses. In very late stages the infection may go up to the shoulder. There may be secondary lesions elsewhere in the body from this source. Or this may be a secondary one to some other lesion.

Prognosis:—In early cases prognosis is good. But in late cases it is bad.

Treatment:—General: In all stages sanatorium type of treatment is advised.

Local:—In early cases the limb may be extended, fully and immobilised from below the shoulder upto the foot by plaster of paris and kept in it for about 8 months. Meanwhile regular X-ray pictures to be taken every two months. In cases where sinuses are formed the limb must be amputated.

Operative:—The joint may be excised and plastered, that is, open the joint under careful aseptic precautions and scrape all the infected granulous material completely and close the wound and again apply plaster.

Amputation is the best treatment to be done especially where there are sinuses or where the infection has gone near the shoulder. The amputation may be done at a higher level to the swelling and after the amputation also the patient must be given Sanatorium type of treatment for about four months.

N. B.:—Before any treatment is given find out whether there is any other primary or secondary lesions especially in the lungs and treat for it also. But if the patient is not willing for amputation advise him to go to a General Hospital.

Peptic Ulcer—A Graphic Picture

BY

K. R. SAMPATH.

There is hardly a business man who has not sat up suddenly a few hours after mealtime, knit his brows in anxiety and wondered whether the dull pain gnawing at his stomach might possibly be an ulcer! If the sensation is one due to ulcer, the best medical advice can be summarized in the one word "RELAX".

Chances are about nine to one that you simply ate too much or ate the wrong kind of food. On the other hand, if you are unlucky enough to be that one out of ten adults who already has or will wind up with an ulcer, you will have to abide by that one word of counsel anyway. The sooner you acquire the lost art of relaxation, the better the odds of outwitting insurance statisticians who rank ulcers as the tenth most serious chronic affliction causing death.

Although known for almost 20 centuries, ulcers are believed to be a comparatively new malady in so far as their affecting large numbers of people is concerned. Many consider them a disease of modern civilization and the rigors it has imposed upon the human body. Napolean, pictured with his hand buried inside his coat, is said to have rubbed his stomach more or less constantly to help in relieving ulcer pains.

To-day's popularly conceived victim is a nerve-wracked business

executive with telephones jangling in both ears and the bicarbonate bottle always within handy reach. The truth is that any one-man, woman or child-can develop an ulcer, although male victims are six to eight times more numerous than female sufferers. Actually, no one is immune, for ulcers strike butchers, secretaries, butlers, housewives and busy sales managers alike.

According to experts on the subject, an ulcer is "an open sore other than a wound." The varieties ranging from the "Aden ulcer" a form of oriental sore or boil, to the equally exotic "Zambesi Ulcer which is peculiar to the labourers in the Zambesi valley of South Africa.

Ulcers can atlack almost any part of the body inside or out. Some result from bacterial infection and can be cleared up by Penicillin and now a days by Streptomycin. Others are caused by dietary difficulties, tissue breakdown or disease for which medical science as yet has no attempt of prompt cure.

The common garden variety of ulcers that most people talk about are the ones located in the stomach or on the wall of the duodenum, the latter being the upper portion of the intestine which hooks to the stomach. Both are usually classified under the broad term of "*Peptic*" ulcers, although in the interest of precise medical Philology the former is called a gastric ulcer and the latter a duodenal ulcer.

The majority of your acquaintances who have an ulcer probably have the duodenal type. It seldom becomes malignant, as may a gastric ulcer. Either, however, can perforate and lead to serious infection or hemorrhage.

In spite of all the work that has been done on the problem, authorities oddly neither agree upon or wholly understand exactly what causes an ulcer.

Certain Physiological factors are recognized as being involved in its development. Chief among them is the pepsin and Hydrochloric acid action of the digestive juices. Pepsin is an accelerator that aids the digestion of protein in the stomach and the hydrochloric acid is the assistant that helps the digestive process.

Researches have found that ulcers in the digestive system are usually confined to regions where hydrocloric acid is secreted. As a result, one of the big problems of ulcer management has been the development of drugs and diets to inhibit or neutralize activity.

Aluminium hydroxide is widely used. The famous sippy powders and diet known to practically every ulcer victim have the same purpose.

Gastric mucin, a yellow powder extracted from the lining of hog's Stomach, is a good anatacid and is widely used by some physicians. And, as anyone who associates with an ulcer victims knows, milk and cream form invariably a part of the dietary treatment.

Harvey cushing, the noted neurosurgeon, was the first authority in recent years to emphasize the importance of nervous influences in the origin of ulcers. It was his idea that such influences actually lead to changes in the lining of the stomach which prepare the way for an ulcer. But neither nerves nor acid provide the whole answer to the ulcer riddle.

Dr. A. C. Ivy, the distinguished Physiologist whose study of ulcers goes back to more than 30 years, does not accept the prevailing medical belief that ulcers can be caused solely by worry or tension. Worry can cause a healed ulcer to erupt again or may so aggravate a 'Silent' one that a person becomes aware of it for the first time but the initial cause is a mystery not yet fathomed by medical science.

"In Short", he says "Worry may pull the trigger, but the gun is already loaded."

Dr. Ivy, has spent the last 25 years, working on the isolation and purification of a hormone called *enterogastrone* that may provide a clue to the ulcer mystery.

Acquiring the raw materials for enterogastrone preparation is a rather unsavoury business. Once a week a group of his assistants trek to stock yards where they wring out some 400 pieces of acid soaked hog's gut by hand. The extract is later purified and concentrated to a tiny pile of yellowish white powder, which contains only enough enterogastrone to treat one patient for 40 days. It has however been used with varying degrees of success on about 80 men and women.

Scientists have known for some time that X-rays or gamma rays of the radium combat gastric acidity. Unfortunately for the ulcer patient, these rays react not only upon the stomach wall but also upon the nearby small intestine and liver. Hence, there is always the possibility that rays aimed at the stomach may damage these adjacent organs.

Now, however a doctor has devised a way to concentrate these rays in the area to be treated. This is done by using radioactive Phosphorus, an isotope whose rays are only about three tenths of an inch long, and hence too short to penetrate beyond the stomach wall,

To apply the rays, a baloon would be inflated, dipped into a radioactive Phsophorus solution, allowed to dry, and deflated. Then it would be enclosed in a second baloon, swallowed by the patient and subsequently inflated to stomach size by means of an attached tube. Left in place for a few hours, the radioactivity of the Phosphorus would arrest the production of acid and so, theoretically, work toward the healing of an ulcer. Thus far, the treatment has been tried only on dogs in American Research Institute, but the results have been highly promising.

Another new treatment was also announced by the same institute last June. Here a *tablet of Sodium* Carboxy-methyl cellulose and Magnesium Oxide coats the stomach lining with a protective layer which counteracts acidity over a prolonged period. Here again, results are described as "Distinctly promising".

Every one who has felt that gnawing sensation in the stomach wants to know, whether the troublesome affliction has struck him. The only sure way to tell whether you have an ulcer or not is by a trip to the doctor.

Persistent indigestion, unexplained vomiting that may or may not contain a trace of blood, severe stomach pains that comes from one half to three hours after eating and are quickly relieved by a glass of milk or come soon after meals and are releived by vomiting—these all

may be symptoms of ulcer. X-rays and a flouroscopic examination are in order immediately.

If your doctor diagnoses an ulcer, one or a combinations of the treatments previously described has to be chosen. Tension will have to be eliminated promptly. If you are allowed to work at all, a few hours a day will be limit. You will have to catch the sleep and rest that's been missed for years. You may even be given specific instructions to get acquainted with your family whom you have neglected in the rush of your life.

Small but frequent meals are essential as also a soft, bland diet. In all probability, meat will be ruled out for the first several weeks. Coffee, alchohol and tobacco will be allowed in limited quantities if at all. Furthermore, if you don't have an ulcer now, these health rules are still the best insurance against getting one—rest, relaxation, proper food.

An ulcer patient need not think. that he has a worst affliction. A broken leg can be far more troublesome. Thousands of persons have weathered the ulcer storm and developed into better men and women. If an ulcer attack teaches nothing else, it at least emphasizes the wisdom of being patient and enjoying life at a less feverish pace than modern society customarily allows.

In any event, worry is perhaps one of the worst evils. Before you fret, get the facts. Though the complete solution to the ulcer mystery is not yet known, medical science can do a great deal to relieve and cure the disease. As with all other scientific riddles, the solution lies in the furture success of diligent research and the early recognition of the trouble.

A Case of Infantile Scurvy

BY

DR. MISS P. E. SHIANTHI RAANEE, L.I.M.

Name: — S. *Race*:—Hindu. *Sex*:—Male. *Age*:—4. *Residence*:—T'Nagar. *Admitted on*:—15—8—'49. *Complaint*:—Swelling of the Right lower extremity, especially the Knee and Ankle. Swelling of the Left Ankle, Fever. *Duration*:—2 Months. *History*:—Two months ago, the child fell down and since then the present complaints developed. Mother had nine children. The first child died few hours after delivery and there was one miscarriage. No evidence of syphilis-serological or clinical.

Present Condition:—The right lower extremity is swollen especially at the lower end of the thigh. Extension or Eversion is not possible. The swelling is marked at the region of the epiphyses. Tenderness is marked and veins are prominent. Ankles of both legs are also swollen.

General Examination:—The child is slightly emaciated. Temperature 100·4°F—Pulse rate 104—Respiration. 20—Blood Pressure. 100/70 mm: Complexion is pale. Look is. apathetic. Lassitude is marked.

There is no abnormality of the head. The pupils were equal, regular reacting normally to light and accommodation. The ocular movements are normal. The external auditory canal is clear and the tympanum healthy. There is no inflammation of the nose. Gums are spongy. Tongue is slightly coated. Throat is not inflamed.

The form and expansion of the chest and the condition of the lungs showed no abnormality.

Heart borders are normal. On auscultation, haemic murmer is heard at the pulmonary area and the second sound is reduplicated. Murmer is also conducted to the mitral area.

There is no swelling of the abdomen. Neither any mass nor enlarged liver or spleen are noted.

Urine:—Reaction is acid—S. G. 1018—Sugar and Albumin are absent.

Motions:—Showed no abnormality.

Blood:—R.B.C. 1½ Mlns per c.mm. W.B.C. 6500 per c.mm. Haemoglobin 30%. *Differential Count*:—Polymorphos 68%. Lymphocytes 17%, Eosinophils 5%, Large Mono-nuclear 7%, Basophils 3%.

X-Rays:—Marked rarefaction of the shaft of the femur along with demarcation of the epiphyseal lines suggestive of malnutrition particularly in relation to Vitamin C and D.

Differential Diagnosis:—*Osteomyelitis*: The bilateral nature of the swellings excludes this condition. *Epiphysitis* cannot be the diagnosis as syphilis, the usual cause of this trouble is not present here.

The collection of blood beneath the periosteum of the femur with marked venules over the swelling, sponginess of the gums, rarefaction of the bones, and the response to the administration of Vitamin C, all suggest scurvy.

Treatment:—Daily 50 mgms of Vitamin C is administered. Multi Vitamin Tablets 2 per day are also given. Penicillin 20,000 units is also injected. Marked improvement and almost a complete recovery has been noted in the course of a week's treatment.

Ends and Means

BY

SRI T. DAMODARAN, A.P.

"However fair may be the aim if foul means are adopted to accomplish it, the aim itself gets polluted". This is the view of Gandhian followers. "Ends justify the means" is the saying of the revolutionary champions of the proletariat protected by the rampart of Marxian ideologies. The perfidious champions of the rival policies, after careful cogitation intelligently put forth and loquaciously express antipodian arguments justifying one's own cause.

Let us hear what both have to say concerning their views, without any

prepossession. Then we can carefully and dispassionately come to a conclusion. The revolutionary friend in his characteristic demagogic way puts forth his opinions somewhat in the following manner. I am a firm believer in the policy that end justifies the means. To accomplish an objective which you are convinced beyond any doubt as absolutely justifiable, any means to achieve that purpose can be conveniently adopted. We need not question whether it is fair or foul. The desired object should be achieved."

"Let us take the two warring blocks of the present day world, viz., The revolutionary section led by the Marxian ideals and the conservative group manned by the Capitalists. Is it not an irony of fate to note that, when a huge section of people actually starve and many literally die of hunger, a microscopic minority spend lavishly and enjoy to their heart's and belly's content, even to the extent of waste and surfeit? The tiller who works from morning to night in the soil, and the toiler who labours night and day in a workshop rarely get their basic needs. The land lord and the mill owners manipulate things in such a way, either in the open or in the black markets, that they become millionaires, hoard money and materials, spend as they like, and make life insecure or impossible for the majority of the people. Is there then any wonder, that there is a constant war between the suffering poor and the comfortable if not luxurious rich? The capitalistic rich have thrown down the gauntlet and the workers of the world to whom Karl Marx has appealed to unite, have taken it up. They want the exploitation and the absolute plutocracy of the rich to be put down. A classless society is their vision. The proletariat and not even the bourgeoisie should be the ruler. Now the question arises as to how to achieve this end, which has to be achieved at any cost. That is why we justify the means by the ends."

Let us now consider the followers of Gandhi. They say, "However fair may be the aim, if foul means are adopted to accomplish it, the aim itself gets polluted and the entire process becomes foul. It may seem for a while, that if violent impure means are adopted, the object can be obtained soon. This is only partially true. A victory achieved by violent foul means is only transitory and anything that has no moral basis is bound to crumble down sooner or later most probably sooner than later. Further, how to find out that the aim is worthy of the means? An erotomaniac committing a devilish act, will certainly justify his end as being one of Love only. A bandit chief may say that he robs to help the poor. None of these can be justified. Whatever may be the objective in any field—political, economical or social—fair means only can be employed to accomplish our purpose. A victory by moral means is bound to be eternal and everlasting. Even if failure results, there will not be further hatred by the other party. It is on this basis that Gandhi has postulated his principle of Non-Violence and Truth. Not only the ends but the means also should be true and Non-Violent."

Having heard both parties, we shall arrive at our own conclusion. It may be true, that there exists many things which ought not to stay, that the world has been divided into two rival parties—Rich and Poor, and that the society needs a thorough change. In spite of these realities

IN MEMORIUM

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K. CHANDRASEKARA RAO
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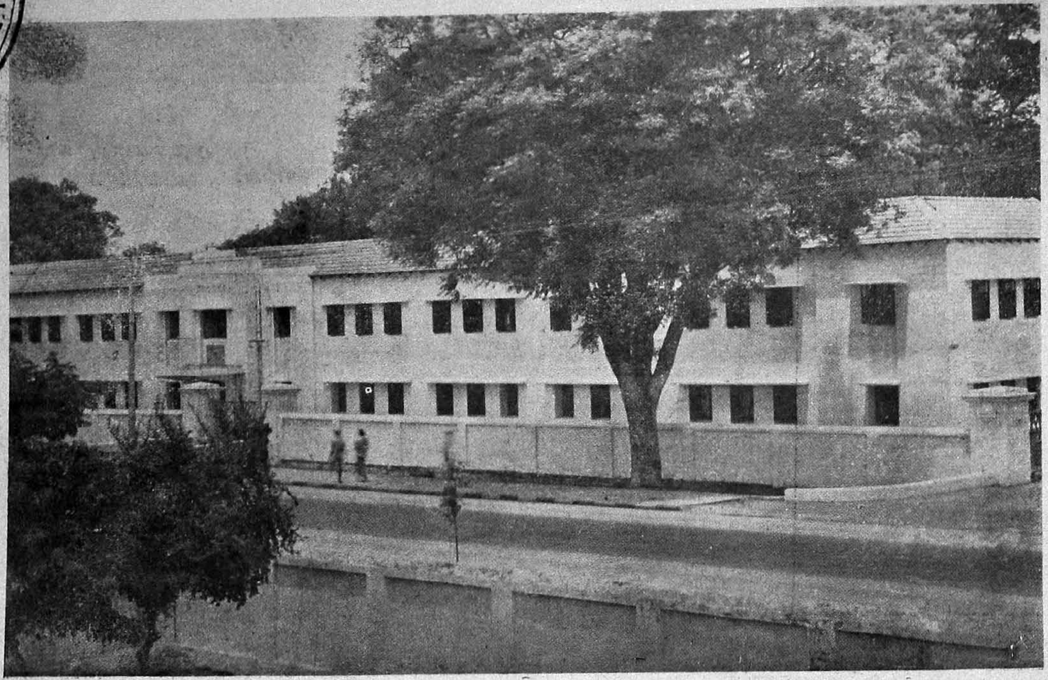

NEW HOSTEL BLOCK

our means to establish 'Rama Rajya' —a state, where there will be no exploitation of one section by another, where everyone has full opportunities to realise his self and where happiness of an everlasting nature is the goal of life—cannot be other than Non-Violence. Violonce is always met with Super-Violence. If it is not at once, it is sure to be so very soon. We see every war planting the seed for a next one. So called victory in a war, is ever transient and ephemeral. It is bound to evanesce before a more powerful group. Gas bombs led to the atom bomb and this has made the military powers invent a more powerful weapon, viz. Hydrogen bomb. Where will this end? Logically utter destruction is the only goal for this line of activity.

So to attain an everlasting victory for humanity, our means should be fair. Even the worst capitalist will soon realise his mistake when things are calmly, persistently and non-violently put before him. He will even take pleasure in restricting his necessities and helping the needy. This is especially so when the cause for which we work happen to be one based on Satya, i.e. Truth (Satya Graha). Viewed from the spiritual point of view, even if the enemy succeeds in his ways, it is a still greater success to the spiritualist, since material world is contrary to the spiritual and since fight is always related to matter and not to spirit. This is the lesson taught by Jesus Christ in his Sermon on the Mount and vindicated by his crucification.

This is again the teaching of Buddha who taught the world the spirit of Ahimsa. The mellifluous music of Vivekananda in recent years expressed the same views. Especially to Indians, the idea that end justifies the means is exotic if not fantastic. It is Chauvinism, that has to be condemned. India of Gandhi will never deviate from his teachings of Truth, Non-Violence and Love for which he lived, gave up his life and is now guiding us towards the path of glory from the spiritual world.

JAI HIND.

Microcosm and Universe.

BY

DR. H. V. HANDE L.I.M.

It was a lovely evening as I sat on my terrace. The sun had just then glided past the kingdom of the west. Since a long time we never had a sunset so brilliant. Slowly by degrees my eyes and thoughts travelled west, and still west until at last I landed altogether on the western horizon. I never was any more conscious of my terrace. It was distant to me as any farthest object could be. But by the time my eyes reached the western shores of the sky the light had faded away from there and had receded to a far remote corner. The sunset had lost its intensity and slowly attained a less bright hue. The memory of the

cup of tantals flashed in me at the prospect of losing the beautiful sight in such a short space of time and I had a pang of disappointment. This did not last long. My interest in the sunset was soon replaced by something for more exciting. The dark, endless firmament began to exhibit one by one its myriads of sparkling diamonds. The brightest of them appeared first and the fainter ones followed. That evening it happened to be the turn of Venus to show itself off first, allowing Jupiter only the *second* chance. Syrius, Vega and a few other bright Stars assumed their alloted positions within a very short interval of time. No sooner had I discovered my interest in these objects, than the vault of nothingness was swarming with clusters of innumerable stars and stardust, and the milky way had *made itself quite* clear. My mind was so much absorbed in these that I later on thought how correct was Hardy when he said that it was quite possible for souls to go outside our bodies even when we live, by looking straight at some big bright star and fixing our minds upon it. Actually at such a time we don't seem to want our bodies at all.

With this as the background I fell into a quasi reverie. I was no longer disturbed by the mundane worries which ordinarily had strength enough to worry me. They lost all their virulence and appeared as utterly meaningless things. The whole world was assigned a very very tiny portion in my mind. Why, the entire Universe could'nt fill it at that moment. I should say I was then in supreme beatitude.

In such a healthy state of mind I commenced tracing out the Dawn of our species. Perhaps no one is much concerned about the origin or extinction of this Race except those who belonged to it. For what does it matter to the spectators in the Capitol of the Universe, if a few million lives actively crawl about on the *microscopic earth* and destroy each other and disappear from there. Alexis Carrel wisely said, "We are nothing but infinitely small particles on the surface of a grain of dust lost in the immensity of the cosmos, and this cosmos is totally deprived of life and conciousness". The cosmos is too vast to take sufficent cognisance of our activities here. They are as significant to it as is to us the dancing of a few non-pathogenic organisms on the slide under the Miscroscope. We will be in a better position to realise the unimportance of Man's life and other allied things, if only we note the sheer accidental nature of the earth in the universe, and the origin of life on the earth. Of all the hundred thousand million stars in each of the hundred thousand million galaxies scattered as sparsely as half a dozen mosquitoes in an empty city of Lodon, why only one star should move within the orbit of another—our sun—and draw out a few sparks which happen to be our Planets?. Again, among all these nine planets why we see life only on earth and not among the rest? No answer. It is cent per cent accident. On deeper thinking I find another question confronting me. Why was I born in India and not in England? Once more an accident. Is it not totally ridiculous that if by chance I had found myself in England and not in India I would have joined the chorus of "God Save The King" instead of crying out "Jai Hind" in the Streets of India. As a matter of that The President of the United States of America, had he been a Russian would have directed the

Hydrogen Bombs against Washigton—at present the place of his own residence! The head of Russia would have applauded capitalism in the higest terms and decried communism in the most deprecatory notes, had he only been the President of U.S.A. and not the ruler of Russia. In short these things have no rhyme or reason. Yet what a pity knowing the stupidity and perfect lack of reason of all this, we have been the perpetrators from generation to generation of this strong and unhealthy spirit of Patriotism, Linguism, Communalism, Class distinctions and scores of other Isms including religion and its sub-sects. Alas has man no salvation at all? Was Aldous Huxely correct when he said that man was after all an Ape at his best incapable of doing other than bringing about his own destruction? Very difficult to answer. Whatever it is, one thing is certain. If we are to predict our future from the experiences of our past and present, we can deduce that man will be ever on the decline. Instead of becoming more civilised he has become more polished. He has improved his manners and external behaviour without taking care to set right his interior. While the core is decaying the exterior is blooming. "There is little doubt that in the main, humanity is still a yahoomanity. Thus civilisation is not even skin-deep; it does not go deeper than the clothes". How many of us realise this, I wonder. If it were possible for a person from some other planet to witness the endless tragedy that was and is going on in this our small world, it would surely excite in that being, nothing short of derision and pity for those that were responsible for their own tragedy; for, who will not look with superciliousness at those who invite misery and later on brood as to the methods of getting out of the self created muddle. It looks as though man wants unhappiness. Then let him have it. He deserves no other penalty.

Thus my mind flitted from thought to thought till at last it perched upon nothing—upon no thought. I do not know how long I was in this state of mind. My mind then must have been dead, though my heart beat monotonously, my lungs breathed regularly and my pulse was pulsating rhythmically. Oh! what a happy mind it was! I cannot put it in as many words. "What then I was I cannot paint" Suffice it to say that it was one of my happiest moods. I was totally unconscious of unhappinees. Suddenly my friend came and woke me up. It was natural I remembered Keats' "Nightingale" "Was it a vision, or a waking dream? Fled is that music:—do I wake or sleep?" I thought I must have spent enough time in my reverie. Venus had already made its exit from the west.

Heridity (*Karmajam*) gives us the blue-print—Environment (*Dhoshajam*) gives us the building.

அரசாங்க இந்திய மருத்துவப் பாடசாலை

பாடியளித்த

நேரிசை ஆசிரியப்பா

வாழிய வெள்ளி வளவிழாத் தலைவி !
ஊழி ஊழியாய் வாழிய நீயே !
இருபத் தையாண் டிடையூ றெல்லாம்
ஒருவியே உயர்ந்தே ஒளிர்கிறாய் இன்றே !
ஜஸ்டிஸ் கட்சி தழைத்தொளிர் நாளில்
பனகால் அரசர் பச்சிளங் குழவியாய்
தம்மடி வைத்துத் தாங்கினர் உன்னை !
உஸ்மான் சாஹிபு உயர்பெருந் தலைமையில்
ஒருகுழு அமைத்தே ஒளிர்அர சாங்கம்
உன்றன் பேதைப் பருவம் ஓங்குற
வளர்க்க இந்திய மருத்துவப் பாட
சாலைப் பேதையாய்த் தத்திநீ நடந்தாய் !
வல்லவர் சீனி வாச மூர்த்தியார்
தலைமையில் நால்வர் தனித்தொண் டாற்ற
மும்முடி ஏற்றனை ! மூவகை மருத்துவம்
பெருகப் பெற்றனை, பெதும்பைச் செல்வியாய் !
ஆயுர் வேதம் ஆகுநின் ஒருமுடி !
மாதவ மேனன் சங்குன்னி மேனன்
எனும்பெயர் இருவரும் இலங்கிட அம்முடி
ஆற்றினர் பணிபல ; அவர்வா ழியரே !
மற்றொன்று யூனானி மருத்துவ நன்முடி
சவியுறப் பிர்ம தானி சாயபு
உஞற்றினர் தொண்டினை உவப்புடன் ; அதனால்
வாழியர் அவரே ! வளமுறச் சித்த
மருத்துவ முடியே மணியிழைப் பாக
ஒளிர உழைத்தவர் ; உள்ளன் புள்ளவர் ;
அகஸ்தியர் போகர் அருந்தவ மூலர்
கொங்கணர் மற்றோர் குடவிளக் காக
மறைத்து வைத்த மருத்துவ மறைகளை
வெட்ட வெளியில் விளங்கொளிர் பெருவிளக்
கென்ன விளங்கிட இருள்நோய் இரிந்திட
அருந்தவத் தொண்டுகள் ஆற்றிய அருந்தவர் ;
தமிழ்க்கலை வாணர் ; தண்ணளி யுடையவர் ;
பணிவுடன் இன்சொல் பணியெனக் கொண்டவர் ;
தாமறிந் தனவெலாம் சார்ந்தவர் தமக்கும்
கள்ளம் இலாது வெள்ளென விளங்க
எடுத்துரைத் தின்பம் எய்தும் வித்தகர் ;
தமக்கென வாழாப் பிறர்க்குரி யாளர் ;
சித்த மருத்துவ சிகாமணி ஆனவர் ;
முருகேச முதலியார் ; முருகனை மறவார் ;
அன்னவர் அவன்போல் மன்னிவா ழியரே !

கல்லூரிகளின் வெள்ளி விழாவின்போது (22—1—1950)

வாழ்த்து

மும்முடி ஒளிர முற்சொன்ன நால்வரும்
ஒன்றுபட் டுள்ளம் உழைத்திட, அணங்கே,
மங்கைப் பருவம் மன்னினை; ருக்மணி
இலட் சுமி பதியமை எழில்சுகா தார
அமைச்சராய்ப் பிரகாசம் அருந்தலை அமைச்சராய்
இருந்தர சாங்கம் ஏந்திய நாளில்
பள்ளிப் பெதும்பையாய் எள்ளுறல் நீங்கிக்
கல்லூரி மங்கையாய் "எல்.ஐ.எம். பட்டம்
'எல்லே இலக்கம்; ஐயே அழகாம்
எம்மே எம்மிடம், யாவரும் பெறலாம்
வருகெனக் கூவி வழங்கும் உரிமையை
எய்தினை; அதுமுதல் இணையிலை யாயினை!
மூவா யிரவர் மூலை முடுக்கெலாம்
சென்றுதொண் டாற்றச் செலுத்தினை டாக்டராய்
இன்று வரையில்; இனியோ ஏழைகள்
தவித்திடும் ஊர்தொறும் தனித்தனி தெருத்தொறும்
உன்னிட மிருந்தே ஒவ்வொரு டாக்டர்
பெற்றுக் களிப்புறப் பேருளம் கொண்டே
பொன்விழாக் காணும் பொழுதைக் குள்ளே
ஆக்கி அளிப்பாய்! ஐயமே இல்லை!
ஆவன செய்ய அமைச்சர்டி. எஸ்.எஸ்.
ராஜன் முந்துவர் என்பது, தலைமை
இவ்விழாத் தன்னில் ஏந்துவ துணர்த்தும்;
தோழியாய் நினக்கே துணைபுரிந் திடுவாள்
மேனாட்டு மருத்துவ மெல்லியல் என்பதை
எஸ்.எல். பாடியா இன்பமாய் வாழ்த்து
வழங்க வந்த மாட்சியே விளக்கும்;
இடைவிடா துழைத்தனை! இடும்பைகள் வென்றனை!
நங்காய், வெள்ளி விழாவும் நண்ணினை!
சுடச்சுடப் பொன்போல் ஒளிவிடும் துன்பம்
சுடச்சுட நோற்கிற் பவர்க்கெனும் மறைமொழிக்
கிலக்கியம் ஆயினை! ஏந்திழாய், வளர்பிறை
வளர்வது போல வளர்ந்து, முழுமதி
அதுவே ஆயினை! அழகியே, மேலும்
ஆல்போல் தழைத்தே அறுகுபோல் வேர்உறீஇ
ஊழி ஊழியாய் உலகில்
யாவரும் போற்ற இருந்து வாழியவே!

இங்ஙனம்:
வித்வான்
மொ. அ. துரை அரங்கசாமி, B.O.L., M.O.L.,
தலைமைத் தமிழ் விரிவுரையாளர்,
சென்னைப் பல்கலைக் கழகம்.

Dr. A. LAKSHMIPATHI'S VIEWS

ON THE

Refresher Courses for Village Vaidyas

1. There are over two and half a lakhs of Vaidyas in India, practising in the villages. The Chopra Committee recommended that, as a short term plan, these Vaidyas should receive a six months training in First Aid, Rural Sanitation and Maternity and Child Welfare, with the object of drafting them into the rural health services.

2. The Madras Government was the first to start these refresher courses. They generally follow the syllabus prescribed by the Chopra Committee and in addition they have prescribed a syllabus for the Vaidyas in Indian Medicine and they also conduct an examination in that subject.

3. I was elected as Chairman of the Board of Examiners for Village Vaidyas in the Madras State and in that capacity, I valued some of their examination papers and I had also personal contact with several Vaidyas, who completed the refresher courses and appeared before me for oral examinations. I have great pleasure in recording my observations after the first examination of the Village Vaidyas, whose results were recently published.

1. That most of the Vaidyas were elderly men with wide experience in clinical work.
2. That most of them possess more than average intelligence.
3. That most of them possess great influence in the areas where they have a respectable practice.
4. That the percentage of passess was over sixtyfive and that most of them did very well in modern subjects like first aid and rural sanitation.
5. That on return to their Villages, they would certainly be more useful to the people in their work, which would be invaluable considering the present conditions of rural medical relief.

4. It is highly desirable that this scheme should be quickly extended so as to cover all the districts as widely as possible.

5. The success of this experiment in this state would be an example for other states in India to follow.

6. Ayurveda is deeply rooted in the soil of the country. Almost every Vaidya has some old manuscripts with him, though most of the Vaidyas are now unable to make use of the traditional knowledge contained in these books, written on palm leaves, which are preserved in their homes. These books will be lost, if not preserved very carefully in the present generation. I secured one manuscript written on palm leaves from a family of Vaidyas of Gottumukkala Village, Guntur Dt., and handed it over to the Director of Indian Medicine, Madras. It appears to be more than at least 300 years old. It is said to be a complete copy of Chintamani and Basavarajeeyam. I find that, although it is not an exact copy of the printed books of Chintamani and Basavarajeeyam now available, it contains some valuable information of historical

interest of contemporary medical practice, in addition to several useful recipes. I have found in the manuscript many telugu verses, which are not found in the printed books. It is very urgent that copies should be obtained of the manuscripts available in the families of these Vaidyas. They may themselves copy them for the government on payment of a small fee.

7. The Village Vaidyas should be taken as the basic doctor contemplated in the Bhore Committee Scheme, to whom, the most recent advances in the medical science should be made available at his door in a practical manner. I hope that the scheme will be pushed forward by the Central and the State Governments in the best interests of the health of the nation.

The Fundamentals of Ayurveda

BY

DR. A. LAKSHMIPATHI, B.A., M.B., & C.M.

If a student of Modern Medicine understands the fundamentals of Ayurveda, he will realise the superiority of Ayurveda over modern medicine. It is not the medicines that are used by the Ayurvedic Physician, that gave Ayurveda its reputation as a science, but its basic principles which give a different approach to the science. They are very simple, if one has the curiosity to understand them,

I. Panchabhootha Theory

1. The universe consists of living and non-living matter. The living consist of an inseparable combination of life (Aatma) and inert matter (Jada Padaardha). The properties by which Aatma is identified are, briefly stated, (1) Gnaana Sakti (power to know) (2) Icchaa Sakti (power to desire) and (3) Kriyaa Sakti (power to act). These properties are not found in inert matter.

2. The inert matter is classified into 5 kinds according as it can be identified (1) by the ear (Aakaasa—ether), (2) by the touch (Vaayu), (3) by the eye (Agni), (4) by the tongue (Aap) and (5) by the nose (Prithvi). The modern science may consider that all matter is derived—out of 90 and odd elements. But, all these elements and their compounds may be classified into one of the other of the above five inert constituents of the universe, namely, Aakaasa (ether), Vaayu (air), Agni (light and heat), Aap (liquid) and Prithvi (solid), called the five bhutaas (Panchabhootas). Roughly they represent the solid, liquid, igneous, gaseous and ethereal states of matter.

II. Thridosha Theory

3. In the Ayurvedic Science, these five inert constituents together with life, in combination with which they exist in the living human body, are represented as consisting of only three, because the first Aakaasa is too subtle and indivisible and the fifth Prithvi—is too gross to be assimilated into living matter as such. Thus, we have Kapha consti-

tuted mainly from Prithvi and Aap, Pitta constituted mainly from Aap and Agni and Vaayu constituted mainly from Vaayu and Aakaasa. These three constituents are called the Thridhaatus in health and thridoshas in disease. All that is found in the five bhootas is found in the thridhaatus but always in combination with life. Whereas, the five bhootas are inert matter (dead), the thridhaatus are living matter. The difference is just like charcoal and burning or live charcoal or like a wire without electric current in it and a live wire in which the current flows. In fact, the main purpose of all living matter is to convert nonliving or inert material called Anna—food—into living organic matter by the process of digestion and absorption of the material into its own substance.

III. Shadrasa Theory

4. Of the thridhaatus, Kapha is replenished by predominently sweet food and also by saltish food. Pitta is replenished by predominently acid food, and Vaayu is replenished by predominently pungent, bitter and astringent foods. Thus, sweet substances generally increase Kapha and check Vaayu. Acid foods increase Pitta and pungent and bitter foods increase Vaayu and check Kapha and so on.

5. Generally speaking Vaayu acts through the nervous system (Gnaanavaaha Srotas), Pitta acts through the digestive and circulatory systems (Raktavaaha Srotas) and Kapha through the lymphatic system (Rasavaaha Srotas.

6. Looking at the universe from another view point (*i.e.*), that of the Vaiseshikaas—Atomic scientists of India—the whole world consists of six categories, namely, Dravya (Substance), Guna (property), Karma (action), Saamaanya (generality), Visesha (particularity) and Samavaaya (inseparable combination). The Panchabhootaas are all Dravyaas—substances which possess certain properties. Vaayu which is one of the Panchabhootaas is a dravya—a substance—with some properties. Its chief property is its power to move. Vaayu has Kriyaasakti (*i.e.*), power to act—Vaayu is not a force but it is the substance whose (guna) property is force. Vaayu is no doubt the source of energy and vitality. Thus, Vaayu is not the nerve force, nor the nerve but it is the substance which is the source of the nerve force or vitality. This distinction has to be noted because although Vaayu is very subtle, it is a material substance (dravya).

7. The study of the thridosha theory is important because it helps the physician at the bed side to formulate his treatment even before the disease has established itself.

IV. Ayurveda is also the Science of Peace

8. Further, the realisation that Ayurveda is the real science of life and not the science of disease is necessary. The purpose of Ayurveda is not only to prevent and cure diseases, but it is also to remove for ever the fear of death, which is the worst of diseases. For the purpose, the clear knowledge of Aatma (spirit) and Anaatma (inert matter) and their relationship to each other is essential. Ayurveda is primarily an Aadhyaatmika Science, the science that gives eternal happiness and peace of mind (Saanti) to the anxious man.

OUR FUTURE ?

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Household Remedies

BY

DR. AYURVEDACHARYA M. VISWESWARA SASTRI, H.P.I.M.

JWARAM

1. *Seethapaneeyam : Lemonade.*

R/ Limes (Slices) 5
Boiling water 1 pint.
Allow to cool, strain and add sugar.
A cooling drink.

2. *Jwara (Pithakapha) Guteka : Influenza Pill.*

R/ Ginger, Asafoetida, Liquorice, Gum — Equal Parts 5 grains.
Dose — 1 Pill t. d. s.

3. *Seetha Panakam : Cooling Drink.*

R/ Tamarind pulp 1 ounce.
Sugar 1 ounce.
Water 1 pint.

4. *Swedanoushadha in Jwara : Diaphoretic and Antiperiodic.*

R/ Barberry root 4 ounces.
Water 2 pints.

5. *Pralapa and Nidranasa Delirium and sleeplessness.*

R/ Camphor 3 grs.
Asafoetida 3 grs.
Dose 1 pill at bed time

6. *Pralapa Sannipatha Jwara : Delirium and Exhaustion in Fever.*

R/ Camphor 3 grs.
Musk 3 grs.
Honey q. s. Place on the tongue.

7. *Pralapa Sannipatha Jwara : Delirium and Exhaustion.*

R/ Musk, Nutmeg, Long Pepper, Black Pepper — Equal parts 5 grs.
Make a pill mass
Dose — 5 grains for 1 pill.

8. *Jwara (Kaphaja) : Influenza Cough.*

R/ Ginger 5 grs.
Long Pepper 5 grs.
Karkata Sringhi 15 grs.
Dose — 1 Powder three times a day.

9. *Vishamajwara : Malarial Fever Powder.*

R/ Kaladana 20 grs.
Black Pepper 5 grs.
Atis 15 grs.
Dose — Power twice daily.

10. *Kapha Jwaram : Influenza : Infusion.*

R/ Cinnamon 1 Teaspoonful.
Cloves (Powdered) 5 cloves.
Ginger " ½ Teaspoonful.
Add 1 Seer of water.
Boil for 15 minutes.
Dose — 1 ounce of t. d. s.

11. *Kapha Jwaram : Influenza Powder (Expectorant).*

R/ Long Pepper, Ginger, Cinnamon, Caraway, Pepper — Equal parts : 3 grs.

12. *Jwara Swedana and Anulomana : Fever powder (Diaphoretic and Laxative.)*

R/ Kaladana, Atis, Black Pepper — Equal parts 2 grs.
Dose — 20 grs b. d. s.

13. *Jwara : Fever Mixture.*

R/ Nitre 2 Teaspoonfuls.
Barley water 1 pint (½ Seer)
One or two table spoonsful three times a day.

14. Jwara Kshainya: Debility after fever.

R/ Kiryat Stem ½ ounce.
Acorus root 1 dram.
Dill Seeds 1 dram.
Boiling water ½ pint
Infuse for an hour and strain.
Dose — ounce twice daily.

15. Atisara Vatakapha: Diarrhoea.

R/ Chebulic Myrobalans, Long Pepper, Rock Salt } Equal parts ½ ounce.
Dose—2 Teaspoonsful after each meal.

16. (Vata Pitta) Diarrhoea: Atisara.

R/ Alum 5 grs.
Catechu 10 grs.
Cinnamon 10 grs.
Dose—1 powder t.d.s.

17. (Pitha Kapha): Atisara: Diarrhoea.

R/ Galls 1 ounce.
Hot water 1 pint.
Boil for 10 minutes.
Dose—1 ounce t.d.s.

18. Atisara (Pithakapha) Diarrhoea.

R/ Butea gum 15 grs.
Cinnamon powder 5 grs.
Dose—1 powder twice daily.

19. Pravahika (Kaphapitha) Dysentry (Chronic).

R/ Kurchi Bark 1 ounce
Hot water 1 pint.
Infuse for 6 hours and strain.
Dose—1 ounce t.d.s.

20. Pravahika (Vatapitha): Dysentry Powder.

R/ Aniseed powder, Isaphgul powder } Equal parts 20 Grains.
Dose—1 powder twice daily.

21. Pravahika Raktha: Dysentry Powder.

R/ Isaphgul powdered 20 grs.
Kurchi seeds (powdered) 5 grs.
Dose—1 powder twice daily.

22. Atisara Pittakapha. Diarrhoea: (Astringent)

R/ Catechu 5-10 grs.
Cinnamon 5-10 grs.
Dose—1 powder t.d.s.

23. Pravahika: Dysentary (Chronic)

R/ Alum 1 Dram.
Mucilage of starch 2 ozs.
For an Enema. Give slowly.

24. (Pravahika Raktha): Dysentry Powder.

R/ Bael Powdered 1 dram.
Fennel fruit ½ dram.
Dose—1 powder twice daila.

25. Pravahika Pittaja: Dysentry Powder.

R/ Bael Powdered 1 dram.
Liquories 10 grs.
Cinnamon 5 grs.
Dose—1 powder twice daily.

26. Atisara and Grahani (Vatakapha): Diarrhoea and Dysentry.

R/ Pomegranate rind of fruit 2 ounce.
Cloves 2 grs.
Water 1 pint.
Boil for 15 minutes and strain.
Dose—ounce t.d.s.

27. Atisara (Kapha): Diarrhoea (Chronic)

R/ Alum 10 grs.
Cinnamon 10 grs.
Opium ½ grs.
Dose—1 powder twice daily.

28. Atisara (Pitta): Diarrhoea and Haemorrhage (Astringent).

R/ Catechu 3 Drs.
Cinnamon 1 Dram.
Boiling water 8 ozs.
Macerate for 2 hours and strain.
Dose—2 teaspoonsful t.d.s.

GRAHANI

29. Grahani (Pittaja): Dysentry (Acute) Powder:

R/ Isaphgul (finely powdered), Aniseed do, Bael do } Equal Parts.
Dose—½ to 1 teaspoonful twice daily.

30. Grahani: Dysentry: (Chronic).

R/ Plantain fruit pulp 1 ounce.
Tamarind pulp 4 drs.
Salt 30 grs.
Mashed up. Twice daily.

31. Grahani: Dysentry:

R/ Acorus root 2 ozs.
Coriander Seed 1 Dram.
Black Pepper 20 grs.
Water 1 pint.
Boil for quarter of an hour.
Dose—1 ounce t.d.s.

32. Grahani: Dysentry:

R/ Acorus root 2 ozs.
Coriander seed 1 dram.
Black Pepper 20 grs.
Water 1 pint.
Boil for quarter of an hour.
Dose—1 ounce t.d.s.

ARSAS.

33. Arsas: Piles: (Painful):

R/ Turmeric ½ ounce.
Ganja Leaves 1 ounce.
Linseed oil q.s. for a paste.
For local application.

34. Arsas: Piles (Powder):

R/ Kaladana 15 grs.
Sulphur 15 grs.
Dose 1 Powder every night.

35. Arsas Piles: (Painfut):

R/ Black Pepper 1 Dram.
Caraway seeds 2 Drs.
Honey 1 ounce.
Dose 1 ounce teaspoonful t.d.s.

36. Arsas: Piles Ointment:

R/ Galls 2 drams, Opium ½ Dram.
Simple Ointment 1 ounce. Apply locally.

37. Arsas: Piles Ointment:

R/ Galls 2 Drams.
Opium ½ Dram.
Simple ointment 1 ounce.
Apply Locally.

38. Arsas: Piles Confection:

Black Pepper ½ Dram.
Caraway 1 Dram.
Sugar 3 Drs.
Confection of senna 3 Drs.
Dose—1 teaspoonful for piles.

39. Arsas with Gudabhrmsa: Prolapse of Anus and Painful Piles:

R/ Gall Powder 1 ounce.
Hot water 1 pint.
Boil for 10 minutes.
Use when cold. Apply locally.

40. Arsas with Gudabhramsa: Piles Prolapsed and Bleeding.

R/ Alum 1 Dram.
Water 1 pint.
Apply on a cloth for 15 minutes twice daily.

41. Arsas with Malabandha: Piles with Constipation:

R/ Chebulic Myrobolans 1 Dram.
Beleric Myrobalans 1 Dram.
Embelic myrobalans 1 Dram,
Aniseed 1 Dram.
Ginger 1 Dram.
Senna Leaves ½ Dram.
Black Salt ½ Dram.
Pulverize and mix
Dose—1 Dram in hot milk at bed time.

AGNIMANDYAM

42. Agnimandya: Dyspepsia Powder.

R/ Ginger
Aniseed
Myrobalans
Black Salt
Salt
} Equal parts 2 drams.
Dose — 10 to 30 grains after food.

43. Agnimandya: Dyspepsia.

R/ Ajowan seeds (powdered)
Rock Salt
Asafoetida
Myrobolans
} Equal parts. 2 drams.
Dose — 10 to 20 grains t.d.s.

44. Agnimandya: For Indigestion.

R/ Ginger 5 grs.
Bircarbonate of Soda 15 grs.
Infus. Cloves. 1 ounce.
A carminative and antacid.

45. *Vishoochi: Cholera: Incipient.*

R/ Ginger	3 grs.
Red Pepper	1 grn.
Asafoetida	1 grn.
Opium	½ grn.
Camphor	1 grn.

For one pill.

46. *Agnimandya: Carminative Powder.*

R/ Ginger	3 grs.
Black Pepper	3 grs.
Fennel Fruit	5 grs.

Dose — 1 powder after food.

47. *Pachana Sramsana Choornam Digestive Powder.*

R/ Yavakshara each	5 grs.
Rhubarb	do
Ginger	do

Dose — one dose before food.

48. *Pachana Choorna: Digestive Powder.*

R/ Aniseed } Equal parts
Caraway } Parched.
Dose 1 teaspoonful after each meal.

MUKHAPAKA GANDOOSHA:

49. *Mouth Wash 1.*

R/ Borax	1 ozs.
Glycerine	5 ozs.
Water	5 ozs.

For ulcer in mouth.

50. *Mouth Wash 2.*

R/ Glycerine of borax	4 drs.
Peppermint water	6 ozs.

51. *Gargle Astringent.*

R/ Alum	2 drs.
Decoction Babul	1 pint.

52. *Mukhapaka: Ulcer (in Mouth).*

R/ Borax	1 ounce.
Glycerine	5 ozs.
Water	6 ozs.

KRIMI

53. *Krimi Rasa Gandoopada Mukha: Worm (Round) Worm Powder.*

R/ Asafoetida	4 grs.
Chiretta powder	10 grs.

Dose — 1 every night.

54. *Krimi Roga: Worm (Thread).*

R/ Salt	½ drm.
Warm water	6 ozs.

Inject into rectum.

PANDU

55. *Pandu: Anaemia.*

R/ Sulphate of Iron	20 grs.
Black Pepper	20 grs.

Honey q.s. for pill mass.
Divide into ten pills.
Dose — 1 pill twice daily.

56. *Rasayanam and Raktavardrdham: Tonic (Iron).*

R/ Ferri Sulph	4 grs.
Syrup of orange	2 drs.
Infus. Chiretta	1 ounce

For one Dose.

57. *Rasayana and Raktavardhana Tonic: Pill.*

R/ Ferri Sulph	24 grs.
Aloes	24 grs.
Cinnamon Powder	1 drm.

Honey q.s. for a pill mass.
Divide into 24 pills.
Dose — 2 pills twice daily.

58. *Raktapitham Raktapitha Mutragata: Haematuria.*

R/ Asoka Bark	4 ozs.
Water	1 pint

Boil down to a quarter and strain.
Dose 1 ounce t.d.s.

59. *Raktapitha (Nasagatha): Haemorrhage from Nose.*

R/ Alum	2 drs.
Water	6 ozs.

For syringing nose.

KASAM.

60. *Kasam Bronchitis (Chronic Cough).*

R/ Liquories
Ginger
Ammon Chlor.
Long Pepper
Sugar
Gum q.s.
} Equal parts 1 Dram.
Dose—10 Grains pill b.d.s.

61. *Kasam Bronchitis (Chronic Cough).*

R/Karkata Sringhi (powdered) ⎫ equal parts
Pipaemul powdered ⎬ 1 dram.
Rock Salt (Powdered) ⎬ Make a pill mass with
Gum Acacia ⎭ water.

Dose—5 Grains t.d.s.

62. *Kasam Bronchitis.*

R/ Ammon. Chlor.	10 grs.
Simple Syrup	1 dram.
Aniseed Water	1 ounce.

63. *Kasam Bronchitis.*

R/ Ginger	5 Grs.
Black Papper	5 Grs.
Sugar	10 Grs.

Infusion Arusha 1 ounce.
Dose—1 ounce t.d.s.

64. *Chronic Kasam (King of Oudh's Cough Pills): Bronchitis.*

R/ Cinnamon	60 grs.
Anise	60 grs.
Liquorice	60 grs.
Raisins, without seed	180 grs.
Sweet Almonds	60 grs.
Bitter Almonds	60 grs.
White Sugar	60 grs.

Powder all drugs well and make into a pill mass.
Dose—5 Grains t.d.s.

65. *Kasam (Pitta): Cough.*

R/ Honey	1 dram.
Aniseed Water	1 ounce.

For one dose.

66. *Kasam (Pitta): Cough.*

R/ Arusha juice	1 dram.
Honey	1 dram.

Linctus for cough. Dose 1 Teaspoonful.

67. *Kantpakaa: Pharyngitis:*

R/ Alum	30 grs.
Water	6 ozs.
Decoction galls	8 ozs.

68. *Kanthapka: Pharyngitis Chronic:*

R/ Bruised rind of pomegranate	2 ozs.
Cloves	1 dram.
Water	1 pint.

Boil for 10 minutes and strain.
An astringent injection.

69. *Pratisyaya: Nasal Catarrh.*

R/ Boracis	10 grs.
Common Salt	10 grs.
Water	8 ozs.

For snuffing.

70. *Tundikeritha Tonsilitis:*

R/ Alum	2 drs.
Sugar	1 dram.
Decoction galls	1 pint.

As a gargle.

SWASAM

71. *Tamaka Swasam: Asthma.*

R/ Camphor	4 gra.
Asafoetida	4 grs.

1 pill every three hours.

72. *Tamaka Swasam: Asthma.*

R/ Alum	5 grs.

Rose water half-ounce. b.d.s.

73. *Tamaka Swasam: Asthma.*

R/ Arusha Leaves	2 ozs.

Make into cigarattes.
Good substitute for stramonium.

APASMARA

74. *Yoshapasmara: Convulsions During Labour.*

R/ Borax	10 grs.
Cinnamon	10 grs.

Three times a day.

VRIDDHI

75. *Andavata: Testicles (When Swollen).*

R/ Ammon Chloride	1 dram.
Methylated Spirit	1 ounce.
Water	6 ozs.

Apply on cloth or lint.

UDARAM

76. *Pleehodara: Spleen Powder.*

R/ Ginger	10 grs.
Rhubarb	5 grs.
Ferrisulph	2 grs.
Quinine	2 grs.

Dose — 1 powder twice daily after food.

VATA ROGAS

77. (*Kativata*) : *Lumbago Linament.*

R/ Camphor	1 ounce.
Sweet oil or mustard oil	8 ozs.
For Rheumatism or Lumbago.	

78. *Bhedana : Purgative.*

R/ Kaladana (powdered)	1 ounce.
Rock Salt	1 ounce.
Ginger	1 dram.
Dose — 1 dram in milk.	

79. *Anulomana : Purgative.*

R/ Myrobolans	6 drs.
Rhubarb	1 dram.
Water	4 ozs.
Boil for ten minutes.	
Dose — The whole for one dose.	

80. *Apatanaka : Hysteria.*

R/ Camphor	4 grs.
Asafoetida	4 grs.
Dose — 1 pill b.d.s.	

81. *Apatanaka : Hysteria.*

R/ Indian Spikenard	2 drs.
Water	½ pint.
Macerate for 1 hour and strain.	
Dose — 2 ounces t.d.s.	

82. *Apatanaka : Hysteria.*

R/ Asfoetida	1 grn.
Moschi	3 grs.
Gum	30 grs.
Cinnamon water	1½ ozs.

83. *Ayatantraka : Hysterical Fits.*

R/ Aloes	20 grs.
Asafoetida	20 grs.
Honey q.s. for a pill mass.	
Divided into 12 pills.	
Dose — 1 pill b.d.s.	

84. *Anulomana : Laxative Powder.*

R/ Myrobalans	1 dram.
Fennel Furit	½ dram.
Sugar	½ dram.

85. *Amavata : Rheumatic Liniment.*

R/ Camphor	1 ounce.
Oil for turpentine	8 ozs.
Soap Water q.s.	
For linament.	

86. *Amavata (Sandhigata) Rheumatism :*

R/ Lemon Grass Oil	1 ounce.
Linseed Oil	4 ozs.
for application b.d.s.	

87. *Amavata and Kativata : Rheumatism and Lumbago.*

R/ Camphor	1 ounce.
Linseed Oil	4 ozs.
A Linament.	

88. *Sandhisoola : Synoviti Inflamed or Bruised Joints :*

R/ Pot. Nit.	1 ounce.
Ammon Chlor.	1 ounce.
Water	1 pint.
Apply with cloth.	

89. *Amavata : Rheumatism.*

R/ Sulpur	3 grs.
Mustard	3 grs.
Pot. Nit.	5 grs.
Rhubarab root	5 grs.
Honey or Sugar	1 ounce.
Make into a paste.	
Dose – 1 Teaspoonful.	

90. *Amavata : Rheumatic Joints.*

R/ Ginger	1 dram.
Jaiphal	2 drs.
Sweet Ounces	16 ozs.
A linament.	

SOOLAM

91. *Sirassoolam : Sick or (Bilious).*

R/ Ammon. Chlor.	10 grs.
Camphor Water,	1 ounce.
Dose—1 ounce b.d.s.	

92. *Soolam Savibandham : Flatulent Colic and Constipation.*

R/ Asafoetida	30 grs.
Water or gruel	8 ozs.
As an enema.	

93. *Soolam (Vatakapha) : Colic (Spasmodic)*

R/ Dalachini	1 dram.
Asafoetida	4 drs.
Water	1 pint.
Rub down then steam and cool.	
Dose—1 table spoonful thrice daily.	

94. *Soolam (Kapha and Vata): Colic.*

R/ Asafoetida 2 grs.
Black Pepper 2 grs.
Ginger 2 grs.
Mucilage acacia, q.s. for pill. Twice daily.

95. *Soolam: Colic.*

R/ Ajowan seeds (powdered) 1 dram.
Cardamon 1 dram.
Black Papper 30 grs.
Ginger 30 grs.
Dose—1 dram twice daily.

ADHMANA

96. *Adhmana: Flatulance.*

R/ Ajowan Seeds, Rock Salt, Asfoetida, Myrobalans — Equal parts 1 dram.
Dose—10 Grains t.d.s.

97. *Adhmana: Flatulency.*

R/ Aloes 20 grs.
Asafoetida 20 grs.
Honey q.s. for a pill mass.
Divide into 12 pills.
Dose –1 pill b.d.s.

98. *Adhmana and Anaha: Flatulency.*

R/ Oil of turpentine 1 ounce.
Water 1 pint.
Boil for half an hour and strain.
Dose 1 ounce t.d.s.

SOPHAM

99. *(Sopha): Dropsy.*
R/ Nitre 10 grs.
Infus. Moringaroot 1 ounce.
Drossy 1 ounce t.d.s.

100. *Sopha—Pithaja: Hepatities and Dropsy.*

R/ Ammon. Chlor.
Infus. Moringa 1 ounce.
Dose—1 ounce t.d.s.

101. *(Sopha): Dropsy.*

R/ Fresh moringa root 1 ounce.
Mustard 1 ounce.
Boiling water 1 pint.
infuse for 2 hours.
Dose—1 ounce t.d.s.

VRANAM AND CHARMA ROGAS

102. *Stomatitis and Spongy Gums: Mukhapaka Bleeding From Gums (Mise)*

R/ Fresh lime juice water 1 ounce.
Water 1 ounce.
For a mouth wash.

103. *Vranalepa (Samanya): Simple Ointment.*

R/ Linseed oil 8 chittacks.
Suet (charbi) 8 chittacks.
Wax 2 chittacks.
A basis for all ointments.

104. *Choochuka Vrana: Nipples (Sore).*

R/ Borax 1 dram.
Simple ointment 1 ounce.

105 *Vrana (Purana): Ulcers (Skin).*

R/ Alum 20 grs.
Water 1 ounce.
For Local Application.

106. *Vrana (Purana): Ulcers (Indolent).*

R/ Capsicum (powdered) 1 dram.
Simple ointment 1 ounce.

107. *Vrana (Kodha): Ulcers (Sloughing).*

R/ Borax 2 drs.
Camphor water 1 pint.
As a dressing.

108. *Vrana: Ulcers (Chronic).*

R/ Catechu 1 dram.
Wax 2 drs.
Honey 4 drs.
An ointment.

109. *Vranaharalepa: Ulcers.*

R/ Oxide zinc. 2 drs.
Pot. Bicarb. 1 dram.
Simple ointment 1 ounce.
An astringent ointment.

110. *Vrana Kaphaja: Ulcers (Chronic—Watery).*

R/ Myrobalans (powdered) 1 dram.
Catechu 1 dram.
Simple ointment 1 ounce.
An ointment.

111. Ghrishta Vrana Contusions (Cooling Lotions.

R/ Ammon chloride 2 drs.
Methylated spirit 1 ounce.
Water 10 ozs.

112. Burns : Agnidagdha Vrana.

R/ Til oil 2 ozs.
Lime water 2 ozs.
Apply Locally.

113. Vicharchika : Eczema Lotion.

R/ Alum 1 dram.
Boracis 1 dram.
Water 8 ozs.
Apply on cloth to the skin.

114. (Charma Pitaka) : Prickly Heat Lotion.

R/ Sulphate of copper 1 dram.
Rose water 6 ozs.
Apply daily.

115. Charma Rogam : Ring-Worm.

R/ Kamala 2 drs.
Linseed oil 2 ozs.
Warm and stir. Apply when cold.

116. Charma Roga : Ring Worm.

R/ Cassia Leaves 2 ozs.
Linseed oil q.s. for paste
Bruise into a paste.

117. Vicharchika : Eczema Powder.

R/ Sulphur, Boracis, Kamala, Soda Bicart — Equal parts 1 ounce.
For dusting the part.

118. Vicarchika (Skin) : Scabies.

R/ Sulphur 2 drs.
Til oil 1 ounce.
For Local use.

119. Charma Pitaka : Prickly Heat Powder.

R/ Camphor 2 grs.
Zinc Oxide, Broacis, Starch — Equal parts 2 drams.

120. Vicharchika and Kachchu : Eczema.

R/ Lime Water, Olive Oil — Equal Parts.

121. Vicharchika : Scabies.

R/ Sulphur 2 drs.
Pot. Bicarb. 1 dram.
Simple Ointment 1 ounce.
Apply Externally.

122. Vicharchika : Scabies.

R/ Sluphur 2 drs.
Kamala 4 drs.
Dust the affected parts.

123. Kandu : For Itching of Skin.

R/ Lime water, Glycerine, Water as 2 ozs.

EYE DISEASES.

124. Netra Gharsha : For Eye Grit In.

R/ Castor Oil 2 drops.
Put under lid.

125. Abishyanda : Conjunctivitis : (Sore Eyes).

R/ Alum 12 grs.
Zinc. Sulphate 6 grs.
Infus. Poppyhed 6 ozs.

126. Abhishyanda : For Eyes (Sore Lids).

R/ Borax 1 dram.
Water ½ pint.

127. Netra Bindu : Eyelotion.

R/ Borax 2 drs.
Water 1 pint.
For bathing sore eyes.

DISEASES OF WOMAN.

128. Garbha Srava : Abortion.

R/ Asoka Bark 4 ozs.
Milk 4 ozs.
Water 1 pint.
Boil down to one-fourth and strain.
One does—t.d.s.

129. Sweta Pradara : Leucorrhoea.

R/ Nitre 10 grs.
Alum 5 grs.
Water 1 ounce.
For one dose t.d.s.

MISCELLANEOUS

130. Dantachoornam : Tooth-Powder.

R/ Chalk, Camphor, Charcol, Salt — Equal parts.

131. Tooth-Powder : Danta Choornam.

R/ Alum, Gall-Nut, Sulphate of Iron, Catechu, Chalk — 1 Dram of each.

132. Rasayana : Tonic For Convalescence.

R/ Nimbark (Inner layer)	2 ozs.
Cloves (Powdered)	1 dram.
Water	1½ pint.

Boil for ½ hour and strain.
Dose—1 ounce t.d.s.

133. (Danta Choorna) Tooth-Powder.

R/ Chalk	2 drs.
Alum	2 drs.
Camphor	½ dram.
Myrrh (Bol)	½ dram.

134. Rasayanam Babjam : Tonic Bitter.

R/ Gulanchastem	1 ounce.
Cold water	1 pint.

Macerate for ¾ hour and strain.
Dose—1 ounce b.d.s.

135. Rasayanam : Tonic.

R/ Sulphate of iron	4 grs.
Omum water	3 ounces.
Infus Chiretta	3 ounces.

Dose—1 ounce b.d.s.

136. Rasayanam : Tonic.

R/ Sarasaparilla root	1 ounce.
Water	½ pint.

Boil for 1 hour and strain—Add sugar.
Dose—2 ounces b.d.s.

137. Tooth-Powder : Danta Choornam.

R/ Borax	1 dram.
Alum	1 dram.
Black Papper	10 grs.
Chalk	2 drs.

138. Mutragata : Cystitis.

R/ Isaphgul seeds	2 drs.
Water	1 pint.

Boil for 10 minutes and strain.
Dose—2 ounces t.d.s.

139. Sramsana : Laxative Powder.

R/ Pulv. Senna Leaves	10 grs.
Liquorice	10 grs.
Sulphnr	5 grs.
Caraway	5 grs.

140. Sramasana : Laxative.

R/ Coriander seed	4 drs.
Senna Leaves (powdered)	10 drs.
Tamarind Pulp	12 drs.
Cassid pulp	12 drs.
Prunes	8 drs.
Sugar	40 drs.
Water	100 drs.

Dose—1 to 2 teaspoonful, a safe and gentle laxative.

141. Sramasana : Laxative.

R/ Ext. Liquorice	2 drs.
Seena Leaves (Powdered)	1 ounce.
Coriander powder	4 drs.
Tamarind pulp	2 ozs.
Alu Bokara	1 ounce.
Sugar	6 ozs.

Make a confection.
Dose 1 Dram.

Who Am I?

BY

K. R. Sampath.

I. My first of initials is in True but not in False,
My next of two initials is in Save but not in Cave,
My first four of name stands for a King,
My last is in Man but not in Lady,
My whole is a Minister.

II. My two initials is in Malaria but not in Typhoid,
My first of name is in Building but not in Destruction,
My next three is in Sure but not in Definite,
My next four becomes the past tense of Swim,
My last is in Happy but not in Glad,
My whole is an Honorary Officer in Government.

III. My initials is in God but not in Lord,
My first nine is a Lord up a holy mountain,
My tenth and eleventh are in Music but not in Garlic,
My twelfth is in the First Three,
My next two is in Santha but not in Leela,
My last is in May but not in March,
My whole is going to stand in Sun and Rain in the compounds of G.C.I.M.

IV. My first of initials is in Physiology but not in Anatomy,
My second of initials is in Love but not in Life,
My first seven of Name is Lord Gopala,
My last three is in Sarojini but not in Lilly,
My whole is no more and the next puzzle followed me.

V. My initials is in ME but not in YOU,
My first four is in Paragraph but not in Sentence,
My fifth is in Name but not in Fame,
My next two is in Quick but not in Slow,
My last three is in the name of the Writer,
My whole is a Head of an institution.

ANSWERS.

I. Dr. T. S. S. Rajan.
II. Dr. M. R. Guruswamy,
III. Dr. G. Srinivasamurthy.
IV. Dr. P. V. Krishna Rao.
V. Dr. M. Parankusam.

Govt. College of Indian Medicine Union

ANNUAL REPORT 1949-50

The election of the office-bearers of our Union took place on Wednesday the 17th August 1949 and the following persons were elected. K. Anantharajan, Student president, P. V. H. Prasada Rao, Secretary Sankarankutty Achan—Asst. Secretary, Mr. J. R. Krishna Murthy and Rangarathnam were elected as literary representatives. Mr. P. V. G. Patrudu—I year Repr. Mr. T. S. Srinivasan II year Repr. Mr. Mallikarjunadu III year Repr.

The General body of the above Union met on 23rd August 1949 when Mr. V. Subbiah Shetty presided. Mr. Srihari Bhat was the then Secretary. The out-going president after a short interesting and impressive speech handed over charge to the newly elected Student-president Mr. K. Anantha Rajan. Mr. Prasada Rao assumed office as the Secretary. The newly elected President assured the house, that he would serve them to the best of his capacities and sought the co-operation of members in discharging his duties. The meeting terminated after a short speech by the Secretary.

On Thursday the 25th August 1950, Dr. R. S. Agarwal Eye-Specialist addressed the students. Dr. M. Parankusam, Principal C.I.M. presided. Dr. Agarwal, during his lecture put in a fervent plea for a happy synthesis of Ayurvedic, Allopathic and Homeopathic systems of medicine. The lecturer of the evening said that each system of medicine has its own value. There must be a common platform in respect of healing powers. There must be a harmony in action of mind, soul and body. Their passions and desires were mostly causes for their illness. Dr. Agarwal said that Ayurveda was an old science based on thridhosha theory and it aimed at elimination of toxic matter from the body. Homeopathy was useful for creating energy and allopathy had developed various means of investigation and methods of diagnosis. The eye-specialist said that eye-trouble was due to mental strain. He believed that a combination of Allopathy, Ayurveda and Homeopathy would mean a combination of "destruction, creation and preservation". The function terminated after a vote of thanks.

30th August 1949 was a very sorrowful day for us. We lost one of our students Mr. K. Chandrasekhara Rao, who breathed his last due to Jaundice at the General Hospital in spite of the best medical aid. A condolence meeting was called for on 31st August and a resolution, regretting his sudden demise was passed unanimously. In memory of the departed soul the College remained closed on that day.

1st September 1949 brought us happiness and glory in sportive field. In the early hours of the day we won the Chettinad cup in the finals of the Inter-Collegiate badminton held at the Loyola College grounds. This shows that our students are keenly interested

and proficient in sports also, and as such are in no way inferior to other College-students. The principal was pleased to declare a holiday.

The inaugural address of the above Union was delivered by Dr. U. Krishna Rao, M.B.B.S. Ex-Mayor of Madras, on Thursday the 1st September at 5 p.m. Dr. R. M. Mathew, M.B.B.S., M.R.C.P., B.S.Sc., D.P.H., D.T.M. & H. presided. The meeting was attended by a large gathering. The Student-President welcomed the chief guests and the gathering. Dr. Krishna Rao stressed the need for doing research in order to improve it before taking up the problem of synthesis. The distinguished speaker said that it was wrong to think that allopathic doctors were opposed to Indian medicine. There was no denying of the factor that even to day Indian Medicine is practised by a majority of people, and the village-folk worships it. But the question was whether it enjoys the glory and prestige which it had once. So, he requested the College students to take up to research and to advocate the ancient system of medicine throughout the length and breadth of India. He hoped that the Government would provide all the facilities for doing research.

Dr. R. M. Mathew, President of the day, carefully analysed the duties of a doctor, and stressed that prevention of disease, maintenance of health, and allevation of the sufferings should be the motive of a doctor. The Secretary proposed a vote of thanks and the function terminated with national anthem.

On 25th October 49, Dr. M. A. Nair, M.B.B.S., D.O.M.S., Z.L.O., Eye-Specialist delivered a lecture on comparative Opthalmology. Dr. Gandhamadhanan, B.Sc., M.B.B.S., Prof. College of Indian Medicine presided. In his lecture Dr. Nair said that "Science" cannot accept dogmatism. There are certain portions in Ayurveda which form fundamental basis for modern opthalmology. He profusely quoted from authors like Vagbhata, Nagarjuna, Srikantadhatha and from Agasthyanayanavidhi. He said that Panchabhuta conception about the eye is very good. It was credit that our saints before 3000 years before to have known about Rehina and other things. At the same time Dr. Nair said that modern anatomy of the eye should be taken and drugs of Indian origin should be used. Since there is no cure by operation in Indian side we have to take from the other systems.

The meeting came to an end after a vote of thanks.

The present Surgeon-General Dr. J. C. David. M. D. Ph. D. addressed the students at 5 p.m. on 2nd December '49. Dr. A. Thirumaliah, L.R.C.P., M. R. C. S., D. P. H. presided over the function. Dr. David observed that the Chopra Committee report did not benefit us as much as it was thought to be. The terms implied in integration and synthesis are not well brought out. He was of the opinion that synthesis was not possible. So he requested the students to study both the systems carefully and find out whether there is anything in common. He suggested that the Degree holders of this College should be given all-round knowledge, so that they may take up higher studies in any branch they like. The president of the day urged that public health and medicine should be co-ordinated and enough

JOURNAL COMMITTEE, 1949-50

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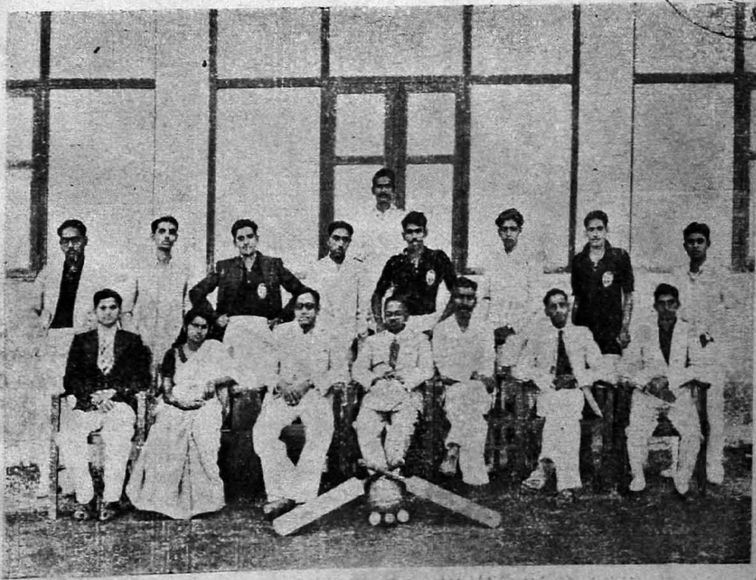

ATHLETIC COMMITTEE, 1949-50

M. JAYADRADHA SASTRI
Champion 1949-50.

31 MAY 1956
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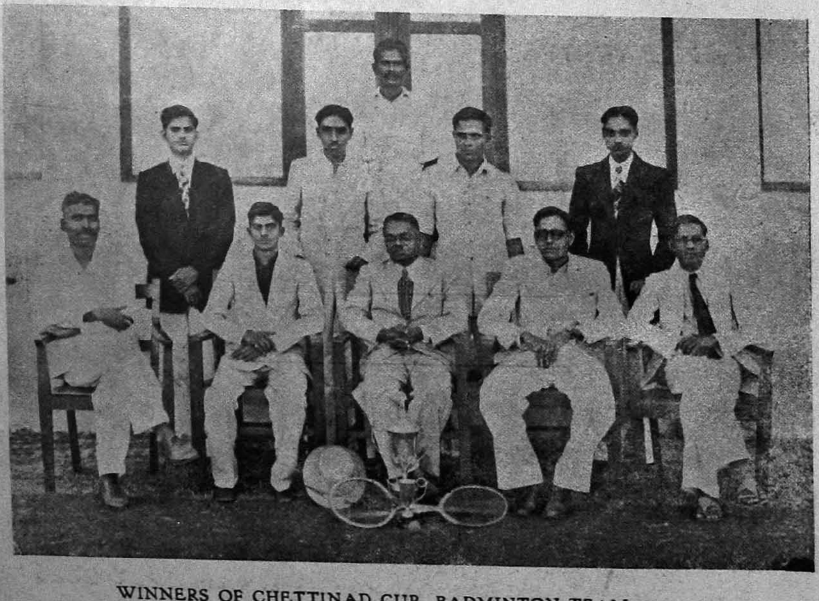

WINNERS OF CHETTINAD CUP, BADMINTON TEAM, 1949-50

attention should be given to environmental hygiene.

The inauguration of the Indian Republic was celebrated at our College at 8-30 a.m. on 26th January 1950, in the open lawn near the General Science Hall. Major General Alagappa, M.B.B.S., F.R.C.S. hoisted the national flag. Dr. Mallikarjuna Rao presided. After unfurling the national flag Major General requested the students to preserve the hard-won freedom. To educate the mob, and to alleviate the suffering of the teeming millions of India are the responsibilities of the educated people. He referred to the international fame of Pandit Nehru, and requested the students to follow the foot-steps of the Prime Minister. Dr. Mallikarjuna Rao first spoke in Hindi and then in English. He said that India is maintaining it prestige due to the able guidance of Nehru-Patel, Rajaji. He requested the students to follow the advice given by the Major-General. The meeting terminated with singing of the National Anthems.

Annual Report of Athletic Association:

College of Indigenous Medicine, Kilpauk, Madras.

The academic year of 1949–50 has something to boast of in that the College celebrated its "Silver Jubilee Sports" and nearly after a lapse of over six years, the College entered for the M.C.A.A. League Tournaments in all games except Hockey, as also for the Madras Provincial Olympic Games in Chedugudu. "Failures are pillars to success" as old saying goes have made us take the failures rather sportingly and we are sure that success is not far off from us.

The Annual sports which could not be conducted in the years 1947-48 were held on 14th and 15th Decmber, 1949 at the Pachaiyappa's College grounds. The prize distribution which came off on 20th January 1950, for the students who came out successful in the events exhibiting a sound mind in a sound body was presided over by the Hon. Justice W. S. Krishnaswamy Naidu. Begum Amiruddin M.L.A., who also happens to be a member of the Governing body of the College and Hospital of Indigenous Medicine distributed the prizes to the winners.

Silver cups for winners in the first place and Silver medals for the runners in the second place were given and the Championship cups in Silver were annexed by Sri. M. Jayadratha Sastri III year among men and Sri. M. Subbamma IV year among women.

The results are :—

Pole Vault :—1. M. Jayadratha Sastri, 2. P. Sundara Raman.

100 Metres :—1. M. V. Rajagopalan, 2. M. P. Kanakarathnam.

Shotput :—1. M. Jayadratha Sastri, 2. K. Manjunatha Rai.

Slow Cycle :—1. Maheepathi, 2. Paratpara Rao.

Long Jump:—1. Sreekumara Menon, 2. Prasada Rao.

200 Meters:—1. M. P. Kanakarathnam, 2. Prasada Rao.

High Jump:—1. Sreekumara Menon, 2. Dinesh Chandra Hegde.

Cycle Lap:—1. V. A. Somasundaram, 2. Prasada Rao.

Tug-of-war:—1. K. Manjunatha Rai's Team-IV year. 2. A. Ramakrishnayyah's Team-II year.

Cricket Ball Throw for Ladies:—1. Subbamma, 2. Yasodhara.

50 Metres for Ladies:—1. Subbamma, 2. Daisy Jayaseelan.

Potato-gathering for Ladies:—1. Subbamma, 2. Daisy Jayaseelan.

800 Metres:—1. K. A. Subrahmaniyam, 2. N. Venkatadri.

Servnts' Race:—1. Gopal, 2. Ramaswami.

Musical Chairs for Ladies:—1. Daisy Jayaseelan, 2. Subbamma.

100 Metres Staff:—1. Dr. K. S. Rangaswami, 2. Sri C. R. Srinivasan.

1500 Metres:—1. V. A. Somasundaram, 2. Jayaker Samuel.

Thread & Needle for Ladies:—1. Subbamma, 2. Nagalakshmi.

4×400 Relay:—1. Narasimha Rao's Team—II year, 2. M. V. Rajagopalan's Team—II year.

Musical Chairs for Staff:—1. Sri. C. R. Srinivasan, 2. Dr. S. K. Khadri.

Old Boys' Race:—1. Dr. K. S. Rangaswamy, 2. Dr. N. Ramakrishna Rai.

I would be failing in my duty if I do not take this opportunity to thank the Staff members as well as the Student Volunteers who gave their kind co-operation during the Jubilee Sports and the distribution of prizes.

K. S. VENKATARAMAN
Sports Secretary & Physical Director
College of Indian Medicine, Madras.

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Sri Vaidyaratna, Captain,

G. SRINIVASA MURTI, B.A., B.L., M.B. & C.M.

1. The Capital of the Society shall, for the present, be Rs. 1,00,000 made up of 20,000 Shares of Rs. 5 each. The value of each Share shall be paid in one lump on allotment.

2. The objects of the Society :—

(*i*) to manufacture Indian medicines, of high quality under expert supervision and direction,

(*ii*) to supply the needs of the members in respect of prepared medicines, raw-materials and appliances required by them,

(*iii*) to purchase such raw-materials and appliances as may be required by the members and to arrange for stocking and distribution to members,

(*iv*) to provide an Institute or Clinic to meet the professional needs of the members and to render expert advice to them,

(*v*) to open branches or depots for the sale of medicines, raw-materials or appliances to the members,

(*vi*) to do such other acts as may be conducive to the promotion of Indian Medicine and the general objects of the Society.

3. Membership is open only to Registered Practitioners of Indian Medicine and other qualified Practitioners of Indian Medicine.

4. AN IDEAL CO-OPERATIVE MEDICAL INSTITUTION FOR THE SUPPLY OF AYURVEDIC—SIDDHA AND UNANI MEDICINES AND RAW DRUGS TO INDIAN MEDICAL PRACTITIONERS.

Y. KONDAL RAO,

Secretary.